ccs
disability action
Including all people

TE HUNGA HAUĀ MAURI MŌ NGĀ TĀNGATA KATOA

National Service Policies Manual

Last updated 19 Mar 2024

Table of Contents

Kia ora and Welcome

Whether you are a team member, service manager or manager, I am pleased to welcome you to our National Service Policies Manual.

These policies reflect our commitment to excellence of service and service provision. We all have an important role to play in ensuring that our services are of the highest standard and that we all understand how we work with the people we provide services to.

This manual has been updated to comply with all the latest standards and legislation, and best practice guidance. In these pages, you will find a statement explaining why the policy exists, who it is for, the objectives and actions, as well as links to guidelines and appendices or templates. These policies explain many aspects of how we work alongside children and young people, adults and families and whānau. These policies and procedures provide advice and guidance on what you need to do and what your responsibilities are in various situations when working alongside the people we support. .

Mauri ora

Melissa Smith
Chief Executive Officer

Introduction

CCS Disability Action service policies and procedures ensure we are acting in the best possible manner to provide quality, responsive services and uphold the rights of disabled people.

These policies apply at all times in all branches of CCS Disability Action and in all work undertaken. They cover all team members, contractors, volunteers and students involved with our work.

If you are unclear about the meaning or application of any policy, talk to your Service Manager or General Manager.

Format

- The **Statement** expresses our commitment or position on a policy, principle or statutory document, e.g. Te Tiriti o Waitangi
- The **Actions** clearly state what we will do in relation to a policy

Where to find the manual

You will find an electronic copy of this manual and the appendices in National Documents: S:\1National Documents\National Service Policies Manual

View the manual

View this manual and the appendices in the *Print Layout View* in Word, with the Hide/Show button off.

Go to *View* on your toolbar then select Print Layout View or select the third icon on the lower left of your screen. This will ensure you get the full formatting for each document.

Changes to manual

If you have any queries or questions about this manual, talk to your line manager or the Service Policy Coordinator. Contact details are found in the Branch Directory.

Our Organisation

Purpose

CCS Disability Action policies and procedures ensure we are acting in the best possible manner to provide quality, responsive services and uphold the rights of disabled people.

Who this applies to

These policies and guidelines apply at all times to all branches of CCS Disability Action and in all the work undertaken. They cover all team members, contractors, volunteers and students involved with our work.

Our Foundation Statement

Te Hunga Haua Mauri mo nga Tangata Katoa

This statement forms the foundation of our identity and means that all people have Mauri, unique life force, and that we value every person equally.

We value

- Mauri, the unique life force of each person
- Disabled peoples' leadership
- The connections of family, whanau and community
- The common ground between us and also our differences
- The allies and partners in our work

Our work

These three core documents guide our values:

- United Nations Convention on the Rights of Persons with Disabilities
- Te Tiriti o Waitangi
- New Zealand Disability Strategy 2016 - 2026

These documents mean we work within a human rights framework. We partner with disabled people, their families and whānau, to ensure that disabled people are in the driver's seat in their lives, have a positive and connected life, and that their local communities are more inclusive. We connect with all parts of Aotearoa/ New Zealand. We recognise Māori as tangata whenua and are committed to being in relationships with hapū and iwi so that we continue to develop our ability to support disabled Maori and their whānau.

Other documents

Other key documents that guide the way we work and what we do include:

- Strategic Priorities 2022-2025
- Rangatira Maha: Disability Leadership Framework
- Manawa: Māori Leadership Framework
- National Service Pathway
- HR Policies Handbook
- Health and Safety Manual
- Governance Policies and Governance Handbook
- Finance Policies

Success

We measure success by our ability to connect disabled people with the range of life opportunities that every New Zealander might reasonably expect:

- Belonging in a family or whānau
- Learning
- Having friends and relationships
- Having choices about where we live
- Having meaningful work and leisure opportunities
- Participating in the community
- Belonging culturally and spiritually in a way that has personal meaning

1. Valuing People

The section provides an ethical framework for the work of CCS Disability Action including the rights and responsibilities of people we support and team members

1.1 Human/Disability Rights

Convention on the Rights of Persons with Disabilities

Te Tiriti o Waitangi

New Zealand Disability Strategy 2016-2026

Code of Health and Disability Services Consumers' Rights

NZS 8134.1:2021

Scope: Who this is for

This policy applies to all staff, contractors and volunteers.

Statement: Why it matters

At CCS Disability Action we believe that the human rights of all people **are guaranteed** in accordance with Te Tiriti o Waitangi and the United Nations Convention on the Rights of Persons with Disabilities. These rights underpin all areas of our mahi as we work to see every disabled person included and participating in the life of their community and family. As a provider of supports, we also work to uphold all rights in the Code of Health and Disability Services Consumers' Rights and the objectives of the New Zealand Disability Strategy.

Disability rights are simply human rights applied to disabled people. We recognise that disabled people often face discrimination and disabling barriers in society. These barriers can stop disabled people from accessing the same rights as non-disabled people. Research on life outcomes for disabled people shows clearly that these rights are not always being upheld.

We continually look for ways to remove these barriers and to eliminate discrimination against disabled people in our work so that disabled people are viewed as full citizens of Aotearoa New Zealand.

Te Tiriti o Waitangi and disability rights

Te Tiriti o Waitangi is a core document that underpins our work at CCS Disability Action. It provides the basis for making sure aspects of Te Ao Māori are reflected in the way we work and build relationships with others. Our work upholds the rangatiratanga, mana and mauri of all individuals and their families/whānau that we journey alongside. Acknowledging these principles in the way we work ensures all rights are supported.

Te Tiriti also provides a reference point to support us to continually monitor and evaluate how effective our work is, including how well we uphold people’s rights.

What we do

- We do not discriminate against people because of their ethnicity, religion, gender identity, sex, disability/impairment, age, marital status, nationality, family status, or sexuality.
- We uphold people’s rights and follow the Code of Health and Disability Services Consumers’ Rights in all our work.
- We ensure that people we support and their whānau are aware of their rights.
- We support disabled people and their whānau to assert and use their rights and to advocate for the removal of disabling barriers.
- We advocate for the removal of disabling barriers in society.
- We train all staff on our core documents and on human and disability rights and we use these in our work and advocacy.
- We deliver Manawatanga training to ensure all staff can engage responsively with whānau Māori in a way that honours our commitment to Te Tiriti o Waitangi.
- We provide annual training for service staff on our obligations under the Code of Health and Disability Services Consumers’ Rights.

Impact of not using this policy

- Disabled people and whānau hauā do not have their rights upheld.

- Disabled people are not viewed as full citizens of Aotearoa New Zealand.

Any questions about this policy

For any questions about this policy, contact the National Disability Leadership Coordinator.

For any feedback on this policy, contact a member of the National Service Policy Team.

Related documents

- Disability Leadership Framework
- Māori Disability Framework

Related resources

- A short video about this policy
- Universal Declaration of Human Rights

Policy owner/s

Role: National Disability Leadership Coordinator
Approved date: 20 July 2022

1.2 Children and Young People's Rights

New Zealand Disability Strategy 2016-2026
Convention on the Rights of Persons with Disabilities – Article 7
Convention on the Rights of the Child

Scope: Who this is for

This policy applies to all staff, contractors and volunteers.

Statement: Why it matters

Just like disabled people in general, disabled children/tamariki and young people/rangatahi and their whānau often face discrimination and disabling barriers in society. At CCS Disability Action, we are committed to seeing those barriers removed.

Definition of child

Any child or young person aged under 18 years. Note in some cases a person in care of up to 25 years of age can be classed as a child/young person.

In Aotearoa New Zealand, disabled children are more likely to:

- live in a sole parent household (which increases their risk of experiencing poor overall wellbeing outcomes);
- live in a low income household;
- attend a low decile school;
- experience abuse and/or neglect; and
- experience poor mental health and wellbeing.

The caregivers of disabled children are also 1.5 times as likely as all other parents to report not having enough income.

In the 2013 Disability Survey, disabled children were less likely to have done the following in the last four weeks:

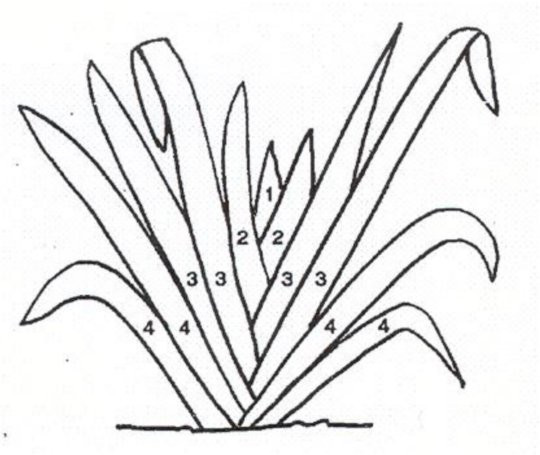
- had music, art, or other similar lessons;
- played a team sport;
- done other physical activity such as swimming or gymnastics; and
- visited friends.

We always uphold the rights of disabled children and young people. We work to remove barriers for them so they can have the same opportunities and experiences as all children and young people. This includes being involved in activities with their non-disabled peers and having choices other than just segregated or special activities.

Disabled children have the right to have a say on matters affecting them. The views of disabled children should be given the same weight as other children and young people their age. As a child grows older and becomes a young person, they should gain more independence and choice over their life. This journey to increased independence can vary because of the different dynamics within families, whānau and cultures. We take this into account, but at the same time remain focused on supporting disabled children and young people to gradually increase the control they have over their lives.

Pā Harakeke Model

Children have the right to be at the centre of a circle of support and protected at all times. We use the Pā Harakeke model when we support children. Pā Harakeke uses the harakeke or flax bush as a metaphor for whānau and the protection of children, as shown in the picture below. It is about protecting the children and most vulnerable at the centre by using the strengths of mātua or parents, represented by the outer fronds.



In the Pā Harakeke, the child or young person has a central position, represented by the rito, or central shoot (1). This is protected and supported by the external fronds, represented by the matua, or parent stems (2). There are many awhi rito or support stems (3 and 4) that provide a circle of support that creates stability for the nurturing and growth of the central shoot. This circle of support includes parents, family and whānau, aiga, hapū, iwi and community.

What we do

- We uphold children’s and young people’s rights in all our work and advocacy.
- We uphold the right of disabled children and young people to have the same opportunities and experiences as all children.
- We uphold the right of disabled children and young people to have a say on matters affecting them.
- We use supported decision-making and shared decision-making principles when working with disabled children and young people.
- We support disabled children and young people to gradually increase the control they have over their lives.

- We uphold the right of disabled children and young people to live in a family environment (United Nations Convention on the Rights of the Child; United Nations Convention on the Rights of Persons with Disabilities, Article 23).
- We support children and young people to actively explore their whakapapa as a means to live as Māori.
- We support the child or young person's circle of support to remain strong and protective of their wellbeing.
- We do not discriminate against a child based on their or their parent's or guardian's race, colour, sex, gender, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.

Impact of not using this policy

If this policy is not followed, we could:

- breach a child or young person's human rights, including the right to have a say in their life decisions
- allow disabling barriers to remain in the lives of children and young people we support, affecting their opportunities and wellbeing now and in the future
- limit a child or young person's ability to make their own decisions and have their own agency as adults.

Any questions about this policy

For any questions about this policy, contact the National Coordinator Intensive Family Services.

For any feedback on this policy, contact a member of the National Service Policy Team.

Related documents

- For information about responding to suspected abuse and neglect, see 1.7 Child and Young Person Protection

Related resources

- Our resource on shared decision-making with disabled children and young people
- Our report on the state of wellbeing and equality for disabled people, their families and whānau (December 2019).

Policy owner

Role: National Coordinator Intensive Family Services

Approved date: 16 February 2022

1.3 Supporting Disabled Leadership

New Zealand Disability Strategy – Outcomes 7 and 8
Convention on the Rights of Persons with Disabilities – Articles 3 and 4
Code of Health and Disability Services Consumers’ Rights
NZS 8134.1:2021

Scope: Who this is for

This policy applies to all staff, contractors and volunteers.

Statement: Why it matters

At CCS Disability Action we recognise disabled people are the experts in their own lives.

“Te hunga hauā mauri mō ngā tāngata katoa”: Our foundation statement says that all people have mauri, a unique life force. In line with this, we are committed to promoting and supporting disabled people to be leaders of their own lives. This includes supporting disabled people to demonstrate leadership within their whānau, hapū, iwi and communities as well as within our organisation.

It can take time for people to take control of their lives. Therefore, we support people in a way that will develop their individual leadership and their exploration of leadership possibilities. We recognise the importance of this for children and young people, as well as adults.

When disabled people are in control of their own supports, they live the life of their choice. When they are leaders in all aspects of their lives, they know their rights, make conscious choices, are collaborative, are self-advocates, have a strong identity and have improved wellbeing.

When disabled people are respected as leaders of their own lives, this also influences positive public perception about disability.

What we do

- We work in a way that fosters supported decision-making and a person-directed approach, recognising that the person is the expert in their own life.
- Our Service Managers, Coordinators and Support Workers ensure disabled people are involved and contributing to their personal plans and how their supports are provided.
- We support disabled people to take control of their own lives.
- We are aware of barriers that prevent disabled people from being leaders in their lives and communities.
- We recognise when disabled people are not in control of their supports.
- We support disabled people to take the lead in all conversations and activities that relate to their own lives; for example, with whānau, iwi, professionals or their community.
- We support disabled people to identify and participate in leadership opportunities in their community.
- We provide easy ways for disabled people to contribute to our service development and delivery, including the review and development of service policies.

Impact of not using this policy

When disabled people are not leaders in their own lives, there is a power imbalance. The service provider holds the power by dictating what, where, when and how support is provided, resulting in supports being ‘done to’ rather than being ‘of service to’. This is a breach of rights and disempowers a person’s whole life and lifestyle.

When disabled leadership occurs, disabled people build connections and a sense of belonging with their families, friendships, and communities. If this isn’t occurring, a co-dependency forms with the paid workers in their lives. This can lead to emotional harm when disabled people come to view paid support as friends, and when a worker leaves it can be taken personally. It also leads to a greater risk of disabled people being taken advantage of and becoming victims of abuse.

Any questions about this policy

For any questions about this policy, contact the National Disability Leadership Coordinator.

For any feedback on this policy, contact a member of the National Service Policy Team.

Related documents

- National Service Policies Manual
    - 1.1 Human/Disability Rights
    - 1.12 Person-Directed Support
- Disability Leadership Framework
- Māori Disability Framework

Related resources

- The Enabling Good Lives principles:

  EGL Principles pictorial.pdf

  EGL-vision-and-principles-Easy-Read.pdf
- A Day in the Life video (contains swearing)
- Code of Health and Disability Services Consumers' Rights
- Our resource on shared decision-making with disabled children and young people

Policy owner/s

Role: National Disability Leadership Coordinator
Approved date: 10 May 2022

1.4 Cultural Responsiveness – whānau hauā (disabled Māori)

New Zealand Disability Strategy – Objective 11
UN Declaration on the Rights of Indigenous People
Te Tiriti o Waitangi
Whāia Te Ao Mārama: The Māori Disability Action Plan for Disability Support Services 2012 – 2017
Titiro Whakamuri, Anga Whakamua Māori Disability Framework 2016 – 2019

Statement

We uphold the dignity of whānau hauā (disabled Māori), support their identity as Māori and value their mauri (unique life force).

We acknowledge Māori as tāngata whenua (first people of the land) of Aotearoa/New Zealand. We acknowledge that this nation was built on a partnership between Māori and the Crown, based on the Treaty of Waitangi and Te Tiriti o Waitangi (the Māori version of the Treaty).

We honour the spirit of Te Tiriti o Waitangi. We are committed to Te Tiriti o Waitangi and the responsibilities of tino rangatiratanga, partnership and protection in our day-to-day work.

We build relationships with hapū and iwi as well as whānau hauā and their whānau as an integral part of our work.

We recognise that Māori are a diverse group of people. Some people may be comfortable with their Māoritanga (Māori culture and customs) and already have access to cultural resources. Others may identify as Māori and be raised with little or no access to cultural resources. Some may not be comfortable identifying as Māori or participating in a Māori environment.

Actions

- We will ensure whānau hauā receive quality services and supports that are culturally reflective of and relevant to their identity and beliefs.
- We will support and facilitate whānau hauā (that choose) to live as Māori.
- We will facilitate access to resources and opportunities to grow whānau hauā to fully participate within communities.
- We ensure that we have a visible, proactive presence within Māori communities/hapū and marae communities.
- We will work in partnership with whānau hauā, to create an environment where Māori feel comfortable to be in a mainstream setting.
- We will ensure that all staff members have a good understanding of Te Tiriti o Waitangi and how Te Tiriti o Waitangi and disability rights are interlinked.
- We will build relationships with whānau hauā and their whānau in ways that are relevant and respectful to them. This means understanding and using local tikanga that their whānau are familiar with.
- We will use the key ideas (the spirit) from Te Tiriti o Waitangi to enliven our commitment.

For more information read the next policy 1.5 Contribution and Leadership by Maori, Appendix 4 Tikanga Guidelines and Titiro Whakamuri, Anga Whakamua Māori Disability Framework 2019 – 2022. If you need more information about cultural responsiveness to Māori talk to your Team Leader, Service Manager or Recenia Kāka, National Kaiārahi Maori Development Co-ordinator.

1.5 Contribution and Leadership by whānau hauā (disabled Māori)

New Zealand Disability Strategy – Objective 11
UN Declaration on the Rights of Indigenous Peoples
Te Tiriti o Waitangi
Whāia Te Ao Mārama: The Māori Disability Action Plan for Disability Support Services 2012 – 2017
Titiro Whakamuri, Anga Whakamua Māori Disability Framework 2016 - 2019

Statement

We acknowledge and value the contribution and leadership of Māori. This honours Te Tiriti o Waitangi by enabling Māori to have Tino Rangatiratanga (self-determination), protecting their freedom of choice.

We recognise leadership can be achieved in different ways. One way is individual leadership by whānau hauā, another is supportive whānau/natural networks who grow and nurture potential leaders.

We build supportive structures and policies at all levels to affirm positive partnership with whānau hauā. This is essential to nurture potential leaders. This is essential for creating an environment where the intrinsic leadership within all whānau hauā can flourish.

We encourage whānau hauā leadership and decision-making and actively seek their contribution. This is a partnership at all levels: individual, whānau/hapū/iwi, branch, regional and national.

Actions

- We will uphold the voice of Māori to influence the development and delivery of services.

- We will ensure that at a local, regional and national level within our organisation; whānau hauā and their whanau are supported to participate in taking leadership roles and are acknowledged and valued.
- If a person chooses to, then we pro-actively connect whānau hauā with their whānau, iwi, hapū and marae so they can contribute and take leadership in their own communities.
- If a person chooses to, then we proactively connect whānau hauā with people who can grow their understanding of their culture.
- We work with Māori and whānau hauā to create options and choices about their contribution and leadership.
- We develop or make space and mandate support structures so that Māori and whānau hauā can succeed in their contribution and leadership.
- We ensure that local tikanga is honoured within the organisation, where appropriate.

For more information read the previous policy 1.4 Cultural Responsiveness – Maori, Appendix 4 Tikanga Guidelines and Titiro Whakamuri, Anga Whakamua Māori Disability Framework 2019 – 2022. If you need more information about cultural responsiveness to Māori talk to your Team Leader, Service Manager or Recenia Kāka, National Kaiārahi Māori Development Co-ordinator.

1.6 Cultural Responsiveness – Pasifika

New Zealand Disability Strategy 2016-2026– Outcome 3
UN Convention – Article 30
Faiva Ora 2016–2021 National Pasifika Disability Plan

Statement

To understand the needs of Pasifika, we must understand their cultures. We must think about how our work affects Pasifika. We must recognise that Pasifika communities are diverse and complex. We need to make a long-term commitment to learn about and improve our responsiveness to Pasifika communities.

Families are the core of Pasifika cultures. Families are central to the relationships and networks among Pasifika communities. We need to see the strength and cohesion of Pasifika families as a significant opportunity for us. We need to engage with, and work alongside, Pasifika families when delivering support.

We will use our commitment to Te Tiriti o Waitangi as a guide for our work with Pasifika. The principles of tino rangatiratanga, partnership and protection apply to our work with Pasifika. We need to understand and respect Pasifika perspectives and needs.

We recognise that often the most effective way for us to engage Pasifika communities will be through organisations that are already doing great work in those communities. Through developing these connections, we will be in a better position to empower aiga, magafaoa, famili to understand and access disability support services.

Actions

- We will acknowledge the fundamental role of family within Pasifika communities. We will work alongside families to ensure our support is effective and appropriate.
- We will connect with Pasifika and their families by acknowledging and incorporating Pasifika values into our practice. We will build trust and encourage Pasifika and their families to teach us about their cultures. Pasifika are the experts on their own cultures.
- We will support Pasifika disabled people to access and have valued roles in their communities.
- We will improve the ability of Pasifika to access and use disability support services.
- We will deliver culturally appropriate information to Pasifika families to improve their understanding of the support available.
- Where possible, we will communicate with people in their preferred language.
- We will provide culturally appropriate advocacy support to the person we support and their family to help them work with other organisations and communities.
- We will work with providers and organisations that are already doing great work in Pasifika communities.
- We will work with other organisations to remove the cultural, access, attitudinal and language barriers Pasifika face.
- We will resource our work with Pasifika to ensure we are consistent across the organisation.
- We will incorporate Pasifika cultural awareness/competence into staff career advancement and training resources.
- We will value the expertise of our Pasifika staff. We will encourage Pasifika staff to use their expertise. We will acknowledge the cultural

contribution of Pasifika staff in their professional development and performance reviews.

Glossary

Aiga - Samoa

Magafaoa - Niue

Famili - Tonga

These are all words that loosely translated mean extended family or whānau. Only loosely because in these cultures the term is often broader and can cover relationships within and between villages.

Helpful resources:

http://www.health.govt.nz/publication/faiva-ora-2016-2021-national-pasifika-disability-plan

https://www.leva.co.nz/resources/organisational-guidelines-for-disability-support-services-working-with-pasifika-people-with-disabilities-and-their-families

1.7 Child and Young Person Protection

New Zealand Disability Strategy – Outcome 4
UN Convention – Articles 7 & 16
Children's Act 2014
Oranga Tamariki Act 1989
NZS 8134.1:2021

Scope: Who this is for

This policy applies to all staff, including contractors and volunteers. This policy also applies to all carers that we recruit, match, and/or supervise.

Statement: Why it matters

The purpose of this policy is to keep the children we work with, and come in contact with during our work, safe and well protected.

International research has found that **disabled children are at a high risk of abuse and neglect**. We all need skills and knowledge to understand how to prevent, recognise and respond to child abuse and neglect.

We put the interests and welfare of the child at the centre of everything we do. All staff members have a responsibility to discuss concerns about child abuse and/or neglect with their line manager. This policy is consistent with guidelines from Oranga Tamariki, including "Safer Organisations Safer Children". This policy is also consistent with the Children's Act 2014.

We do **not** question children or provide counselling, therapy or treatment for child abuse and/or neglect. We refer children and families/whānau to appropriate services.

Our Designated Person for Child Protection:

Bernette (Berne) Peters, as National Coordinator Intensive Family Services, is our "Designated Person for Child Protection". Berne is available to advise on care and protection issues. She can be contacted at Bernette.Peters@ccsdisabilityaction.org.nz or 027 262 9615.

Your regional Child Protection Advisor is also available to advise. You can find their contact details in the Branch Directory.

Policy principles

- The rights, interests, welfare and safety of the child/tamaiti are at the centre of everything we do.
- It is the child's right, regardless of their needs or abilities, to be at the centre of a circle of support and protected at all times.
- There is no excuse for the abuse and/or neglect of any child. Abuse is abuse regardless of whether a child is disabled or not.
- We recognise the rights of family/whānau to participate in decisions about their children.
- We support family/whānau to stay strong and resilient to enable them to engage and connect with their children.
- We support children and their family/whānau in culturally appropriate and safe ways.
- We provide an environment in which all of us are able and encouraged to recognise and report errors or mistakes. All staff should feel confident about challenging poor practice, or raising issues of concern, without fear of reprisal.
- We are committed to ensuring that all staff are aware of the signs of potential abuse and/or neglect and are able to take appropriate action in response. This includes being aware of their Child Protection Advisor and knowing when/how to contact them.

Definitions

- **Child:** any child or young person aged under 18 years. Note in some cases a person in care of up to 25 years of age can be classed as a child/young person.

- **Child protection:** activities carried out to ensure that children are safe in cases where there is suspected abuse and/or neglect or children are at risk of abuse and/or neglect.

- **Child Protection Advisors:** experienced and skilled practitioners who will guide any of us concerned about child protection issues.

- **Children's worker:** a worker who has regular or overnight contact with a child or children. Regular contact means: at least once a week; or at least 4 days each month. Contact also includes phone or electronic communication. The contact must take place without a parent or guardian of the child, or of each child, being present. See our HR Policies for more on this.

- **Core Children's worker:** a worker who, when working with a child or children, is:
  - the only children's worker present; or
  - the children's worker who has primary responsibility for, or authority over, the child or children present.

- **Disclosure:** information given to a staff member by a child, parent/caregiver or a third party in relation to abuse or neglect.

- **Oranga Tamariki:** the agency responsible for investigating and responding to suspected abuse and/or neglect and for providing care and protection to children found to be in need.

- **New Zealand Police:** the agency responsible for responding to situations where a child is in immediate danger and for working with Oranga Tamariki in child protection work as well as investigating cases of abuse and/or neglect where an offence may have occurred.

- **Physical abuse:** any acts that may result in physical harm of a child or young person. It can be, but is not limited to: bruising, cutting, hitting, beating, biting, burning, causing abrasions, strangulation, suffocation, drowning, poisoning and deliberately induced illness.
- **Sexual abuse:** any acts that involve forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. Sexual abuse can be, but is not limited to:
  - **Contact abuse:** touching breasts, genital/anal fondling, masturbation, oral sex, penetrative or non-penetrative contact with the anus or genitals, encouraging the child to perform such acts on the perpetrator or another person, involvement of the child in activities for the purposes of pornography or prostitution
  - **Non-contact abuse:** exhibitionism, voyeurism (gaining sexual pleasure from watching others when they are naked or engaged in sexual activity), exposure to pornographic or sexual imagery, inappropriate photography or depictions of sexual or suggestive behaviours or comments.
- **Emotional abuse:** any act that results in adverse or impaired psychological, social, intellectual and emotional functioning or development. This can include:
  - **Patterns of isolation:** degradation, constant criticism or negative comparison to others. Isolating, corrupting, exploiting or terrorising a child can also be emotional abuse.
  - **Exposure to family/whānau or intimate partner violence**.
- **Neglect:** the most common form of abuse and, although the effects may not be as obvious as physical abuse, it is just as serious. Neglect can be:
  - physical (not providing the necessities of life like a warm home, food and clothing)

  - emotional (not providing comfort, attention and love)
  - neglectful supervision (leaving children without someone safe looking after them)
  - medical neglect (not taking care of the child's health needs)
  - educational neglect (allowing chronic truancy, failure to enrol in education or inattention to education needs).

While there are different definitions and categories of abuse and neglect, the important thing is for staff to consider the overall wellbeing and the risk of harm to the child.

Actions and Responsibilities

All staff, volunteers and contractors follow the requirements of this Child and Young Person Protection policy.

- Regions are required to nominate Child Protection Advisors. These Advisors are experienced and skilled practitioners who can be consulted alongside the Service Manager, and will guide any of us concerned about child protection issues.
- Child Protection Advisors will form a national network and regularly communicate with each other.
- Child Protection Advisors will complete the 5-day Child Protection Studies Programme from Child Matters. The network of Advisors will also identify ongoing skills training and development for themselves on an annual basis.
- As part of their orientation, new staff will be advised of this Child and Young Person Protection policy. All staff must know and follow the procedures in this Child and Young Person Protection policy.
- The Designated Person for Child Protection will work with local teams to identify staff to attend the 5-day Child Protection Studies Programme

from Child Matters. This may include staff who work in intensive family services and/or with Oranga Tamariki contracts.

Identifying abuse and neglect

Every situation is different, and it is important to consider all available information about the child and their environment. For example, behavioural concerns may be the result of life events, such as divorce, accidental injury or the arrival of a new sibling. It is important, however, to report any concerns to your line manager.

It is very important to note that disabled children have the same rights as other children, including the right to be free of abuse and/or neglect. There is no excuse for the abuse and/or neglect of any child. Whether a child has an impairment/disability or not must not make any difference to whether you report suspected abuse and/or neglect.

It is normal to feel uncertain when you suspect abuse and/or neglect. However, the important thing is being able to recognise when you have a concern, especially if there is a pattern forming or several signs that make you concerned. It is a requirement that all staff report any concerns about children to their line manager. Note it is not our role to investigate suspected abuse and/or neglect. That is the role of Oranga Tamariki and/or the Police.

Signs of potential abuse and/or neglect

Below are just some of the possible signs of abuse and/or neglect.

- **Possible general sign of abuse:** the child talking about things that might indicate abuse (sometimes called an allegation or disclosure).

- **Possible signs of physical abuse:** unexplained bruises and welts (suspicious locations include: face, lips, mouth, eyes, torso, back, buttocks, backs of legs and genitalia); unexplained fractures, dislocations and burns.

    - **Possible physical abuse behavioural indicators:** wary of adult contact, frightened of parents, reports injury by parents, negative feelings about themselves, vacant or frozen stare, apprehensive when other children cry, behaviour extremes, aggressive and withdrawn.

- **Possible physical signs of sexual abuse:** difficulty walking or sitting, genital injuries, bruising and/or bleeding, pregnancy, and sexually transmitted diseases.
    - **Possible sexual abuse behavioural indicators:** bizarre, sophisticated or unusual sexual behaviour or knowledge, poor peer relationships, reports sexual assault, change in performance in school, self-harming and cruelty to animals.
- **Possible signs of emotional abuse:** failure to thrive, lags in physical development and hyperactive or disruptive behaviour.
    - **Possible emotional abuse behavioural indicators:** sleep disorders, unusual fearfulness, developmental lags, antisocial and/or destructive behaviour, habit disorders (sucking, biting and rocking) and behavioural extremes (compliant, passive, aggressive, hypervigilant (constantly scanning the environment for threats), or demanding).
- **Possible signs of neglect:** poor growth patterns, failure to thrive, abandonment, inappropriate clothing, consistent hunger and poor hygiene.
- **Possible signs of neglectful supervision:** left alone and no safe home to return to.
- **Possible signs of medical neglect:** persistent nappy rash, skin disorders and other untreated medical issues.
    - **Possible neglect behavioural indicators:** begging and stealing food, rare attendance at school, constant fatigue, falling asleep in class, not attending medical appointments, and inappropriate seeking of affection.

For more information on identifying possible child abuse and/or neglect see: https://www.orangatamariki.govt.nz/identify-abuse/

You can also talk to your Child Protection Advisor or the Designated Person for Child Protection, Bernette (Berne) Peters, for more information about possible signs of abuse and/or neglect.

Responding to possible abuse and/or neglect

If you believe a child is in immediate danger and you cannot contact your Child Protection Advisor, the Designated Person for Child Protection, your Service Manager, or your General Manager, call the Police.
If a child is currently being abused call the Police.

If a child talks about possible abuse and/or neglect:

- Stay calm. Listen to the child. Try not to interrupt.
- Do **not** formally interview the child – only ask questions to get necessary, relevant facts **if and when clarification is needed**.
- Remember that the safety and wellbeing of the child comes before the interests of any other person.
- Reassure the child that they did the right thing in talking to someone.
- Tell the child that you need to get help.
- As soon as possible, write down exactly what was said and report it to your line manager **on the same day**. Your line manager will report it to your Child Protection Advisor and your Service Manager.

If you suspect abuse and/or neglect:

- As soon as possible, report your concerns to your line manager. This must be at least **on the same day** as you become aware of, or are informed of, concerns about abuse and/or neglect. Report the matter and allow it to be properly assessed even if there is doubt in your mind that the abuse and/or neglect may or may not have occurred.

- Ensure high quality, accurate, and timely recording practices. What you record may be used as legal evidence. As soon as possible on the same day, make a written record of what you have seen, been told or have concerns about. This includes:
    - Exactly what happened or what you were told, using the person's own words, keeping it factual and not interpreting what you saw or were told.
    - When any disclosure was made, or when you were told about/witnessed any incident/s.
    - Who was involved, who else was present and any other witnesses.
    - Any other relevant information, e.g. previous incidents that have caused you concern.
    - All observations, impressions and communication about the child.
    - As much detail as possible.
- This record will be saved in a centralised folder separate from our general records, with access permissions restricted to certain roles. Add a red flag to the Te Puna Kōrero file so that new Coordinators know to talk to their Service Manager. Their Service Manager can then tell them anything they need to know to keep the child safe.
- Your line manager will report the concerns to your Child Protection Advisor and your Service Manager. The Child Protection Advisor and/or Service Manager will inform the General Manager within 24 hours.

- The Child Protection Advisor will decide if there is enough clear evidence or reasonable cause to refer the concerns to Oranga Tamariki. If there is, the Service Manager will report the concerns to Oranga Tamariki. The Service Manager will do this in consultation with the Child Protection Advisor and the person who first suspected, or witnessed, the abuse and/or neglect. The Report of Concern and all information and correspondence relating to it is saved in a designated folder inside the centralised, restricted permissions folder.

- The Child Protection Advisor, together with your Service Manager, will decide whether the parents/caregivers will be informed of a Report of Concern or actions taken. The child’s best interests must come first in this decision; see 2.2 People’s Privacy and Confidentiality for our policy on sharing information.

- If the parents/caregivers will be informed, the Child Protection Advisor together with your Service Manager will decide who the appropriate person is to inform the parents/caregivers and how this is done.

- If you continue to work with the family, highlight any further, ongoing concerns or issues to your line manager. Your line manager will keep your Child Protection Advisor and your Service Manager informed. The Child Protection Advisor may decide that further issues need to be raised with Oranga Tamariki. Child safety is the most important consideration.

- If it is decided the matter does not require a Report of Concern, agree with your Child Protection Advisor, line manager and Service Manager on any further action, such as a safeguarding plan.

- Continue to reflect on your own practice with your line manager.

- Look after yourself. Professional advice and support relating to incidents of child abuse is available. Your line manager will know how to access this.

Child Protection Advisors are required to:

  - Review the outcome and lessons learned from each consultation.
  - Make a brief report to the General Manager and the Designated Person for Child Protection, Berne Peters.
  - Share their experience with the national Child Protection Advisor network.

Staff working directly to support children

- We recognise that children and young people are most at risk when they are alone with an adult. Some of our work involves supporting children individually and with personal care. In these situations, we balance the child's need for privacy with minimising risk for the child.

- During the personal planning process, look for practical ways to keep the child safe.

Allegations against staff

When an allegation is made against a staff member, volunteer or contractor:

- The General Manager, National Human Resources Manager and Designated Person for Child Protection must be immediately notified. Together they will appoint an appropriate investigating officer and will oversee the investigation. The National Human Resources Manager will guide the Human Resources process.

- The staff member should immediately be removed from any duties that involve children. This is subject to the requirements of the person's contract and relevant employment law.

- If there is clear evidence or reasonable cause to believe an instance of child abuse and/or neglect may have occurred, the Police and/or Oranga Tamariki will be informed to conduct an investigation.

- If a disciplinary process is required, it will then be carried out following section 9 of the HR Policies.

The staff member will be informed of their legal rights, including the ability to seek support.

Confidentiality and information sharing

Only share information about suspected abuse and/or neglect with the following internal staff:

- your line manager
- your Service Manager
- your Child Protection Advisor
- the Designated Person for Child Protection
- your General Manager.

If a child is in immediate danger or currently being abused, **call the Police**.

Note: Do not share information with a staff member if the concern is about them or there is a clear conflict of interest between them and any of the people the concern is about. If you cannot share information with your line manager because of this, go to their line manager.

If the Child Protection Advisor decides there is enough clear evidence or reasonable cause, we can share information with Oranga Tamariki and/or the Police. We will seek advice from Oranga Tamariki and/or the Police before information about suspected abuse and/or neglect is shared with other organisations.

Always keep in mind that:

- The Privacy Act 2020 and the Oranga Tamariki Act 1989 allows information to be shared to keep children safe when abuse or suspected abuse is reported or investigated.

- Under sections 15 and 16 of the Oranga Tamariki Act 1989 any person who believes that a child has been, or is likely to be, harmed physically, emotionally or sexually or ill-treated, abused, neglected or deprived may report the matter to Oranga Tamariki or the Police and provided the report is made in good faith, no civil, criminal or disciplinary proceedings may be brought against them.

- Our policy 2.2 People’s Privacy and Confidentiality in the National Service Policies Manual explains how we protect the privacy and confidentiality of people receiving support from us. All staff should know this policy.

The Office of the Privacy Commissioner has published a set of guidelines called “Sharing Personal Information of Families and Vulnerable Children”, which includes a range of helpful advice about confidentiality and information sharing: https://www.privacy.org.nz/assets/New-order/Resources-/Publications/Guidance-resources/Escalation-Ladder-FINAL-HiRes.pdf

Orientation

All staff will be informed about the content of this Child and Young Person Protection policy during orientation. All staff must know and acknowledge that they understand this Child and Young Person Protection policy.

All staff will receive a Child Protection Pocket Reference Z Card (called “Change our mind set from ‘What if I am wrong, to what if I am right?’”) and will know how to contact their region’s Child Protection Advisor.

Workplace support is available to all staff. If needed, please discuss with your line manager.

Impact of not using this policy

If this policy is not followed, we could:

- put a child at risk of harm or neglect
- neglect our duty of care for a child
- put ourselves at risk of harm
- risk harm to the relationships of all the people involved
- lack understanding of how we work safely with children

- face disciplinary action under Human Resources policies
- breach our service contracts
- break the law and possibly face legal action.

Any questions about this policy

For any questions about this policy, contact the National Coordinator Intensive Family Services or your local Child Protection Advisor.

For any feedback on this policy, contact a member of the National Service Policy Team.

Related documents

- National Service Policies Manual
    - 1.2 Children and Young People's Rights
    - 1.9 Recognising and Responding to Adult Abuse and Neglect
    - 1.11 Working Respectfully in a Person's Home
    - 2.2 People's Privacy and Confidentiality
- HR Policies
    - Section 6: Recruitment
- Health and Safety Manual
    - 19 Working Safely in the Community
    - 20 Managing Violence in the Community
- Caregivers Manual – Oranga Tamariki Services

Related resources

- Our Child Protection Pocket Reference (Z Card)
- Child Matters' How Can I Tell? resource on recognising child abuse
- Information from Oranga Tamariki about how to identify abuse
- Oranga Tamariki's Safer Organisations Safer Children guidelines
- Child Matters' publication on safe policies and practices, called Creating a Safe Organisation
- Ministry of Health Family Violence Assessment and Intervention Guideline

- Oranga Tamariki’s interagency guide on Working together to support tamariki, rangatahi and their family/whānau
- Oranga Tamariki’s care standards
- Resource from the Privacy Commissioner on Sharing Personal Information of Families and Vulnerable Children

Policy owner/s

Role: National Coordinator Intensive Family Services

Approved date: 25 November 2021

Document review

This document will be reviewed based on our Control and Review policy, which is in the National Service Policies Manual. This includes reviews at least once every three years.

1.8 Valuing and Working with People’s Family, Whānau, and Legal Guardians

New Zealand Disability Strategy – Objective 15
UN Convention – Article 23

Statement

We recognise the strengths, skills, and contributions of family and whānau at the individual, community and organisational level. We acknowledge the importance of the relationships between people and their family and whānau.

Although some people use the terms family and whānau interchangeably, we recognise that whānau can refer to a wider network of support and relationships than just immediate or even extended family.

We recognise that sometimes there is conflict within families and whānau. We acknowledge that adults have the right to decide what role they want their family and whānau to play in their life. This right can be more limited for children and young people, but should grow as they age. See our 1.2 Children and Young People’s Rights policy for more information.

We respect and work with the person’s legal guardian(s), if any. At the same time, we are conscious of the limits on their decision-making rights. We encourage family, whānau, and legal guardians to use supported decision-making processes to involve the person to the maximum extent possible. See our policy 2.13 Supported Decision-Making for more on this.

We follow the 4 R’s in our Standards of Integrity and Conduct when working with people, their family, whānau and legal guardians. We uphold their rights, we show respect, we acknowledge the relationships people have, and we know our role.

Actions

Where the person wants their family and whānau involved (or they have a legal right to be), we fully recognise their expertise and provide opportunities for input.

- We recognise the disabled person as well as their family and whānau, are the experts when it comes to their wider family and whānau, iwi and hapu.
- We encourage and support the person to look for whakapapa links and natural supports.
- We respect and affirm the importance of a persons' culture in the support that we provide.
- We support family and whanau to stay strong and resilient to enable them to engage and connect with their disabled family member.
- Where appropriate, we encourage family and whānau members to participate in opportunities to upskill and grow, including training and peer networks.
- We support the rights of children to have a growing say in their family and whānau. See our 1.2 Children and Young People's Rights policy for more on this.
- We work with any legal guardians, while encouraging them to use supported decision-making processes.
- When supporting adults, we check the decision-making rights of legal guardians (for example that Enduring Powers of Attorney have been activated and whether the legal guardian is a welfare guardian and/or a property manager). We keep a copy of the proof of guardianship on the person's file. We only give guardians the decision-making powers they have been legally granted.

1.9 Recognising and Responding to Adult Abuse and Neglect

New Zealand Disability Strategy – Objective 8

UN Convention – Articles 13 and 17

Statement

People have the right to be free from abuse, neglect, and discrimination. This policy covers recognising and responding to the abuse and neglect of adults aged 18 and above. See our 1.7 Child and Young Person Protection policy for policy on children and young people.

We:

- support people to address abuse and/or neglect in their life;
- support people to understand their rights and how they should be treated;
- fully respect the rights of people to make their own choices, including about where they live and with whom;
- acknowledge that the people we support can be at increased risk of abuse and neglect. The people we support can also face barriers to reporting abuse and neglect, including not being believed;
- work with the Police and victim support as well as sexual violence and domestic violence services to make them responsive to and accessible by disabled people; and
- work with communities, the government, and people who support disabled people to make them understand that the abuse and/or neglect of disabled people is unacceptable.

Doing nothing about abuse and neglect is not an option

Definitions and concepts

Neglect

Neglect is where someone caring for or supporting a person fails to meet a person’s needs. This can include failing to provide access to appropriate health, social or education services. This could include withholding information from someone or not making it accessible so they cannot make decisions for themselves. It can also include withholding the necessities of life, such as medication, adequate nutrition and heating.

Self-neglect

Self-neglect is where a person does not attend to their basic needs, such as personal hygiene, nutrition, or medical needs. It is important to be mindful when thinking about self-neglect that people have different standards around self-care. There can also be complex reasons that people are not attending to their basic needs, including environmental and financial barriers. Self-neglect can also be a sign of abuse and/or neglect. The person may not be meeting their basic needs because they have become withdrawn due to abuse and/or neglect from others.

Domestic violence

Domestic violence is where someone in a close personal relationship with a person abuses them. Domestic violence can be physical, sexual or emotional/psychological (including financial) abuse.

Emotional/psychological abuse

Emotional/psychological abuse is where someone makes another person afraid or stressed through threats, harassment, intimidation and/or cruel treatment. This type of abuse can also occur if someone deliberately restricts access to support or equipment a person needs to live and move independently, such as a wheelchair. This type of abuse can also be about making the person feel inadequate, unwanted, or that they are a burden on others. It can be used to make a person compliant or to hide other abuse and/or neglect. This type of abuse usually occurs when someone has a position of power over the other person and/or is in a personal relationship with the person.

Financial crime and abuse

Financial abuse is where someone steals or withholds a person's money or property, fails to repay money the person has lent them, forces the person to give them money, or sells the person's property for their benefit. Financial abuse can also include someone living in a person's home or using their possessions without contributing to costs. People who do not fully understand their finances and/or are very trusting of others may be exposed to financial abuse.

Sexual abuse and violence

Sexual abuse is where someone does something sexual with, or towards, a person without their full informed consent. This could include psychological forms of sexual abuse, such as sexual harassment and indecent exposure. See 1.13 Sexuality, Gender Identity and Intimate Relationships policy in this Manual for more information.

Physical abuse and violence

Physical abuse is when someone deliberately injures or physically harms another person. Physical abuse can be, but is not limited to: bruising, cutting, hitting, beating, biting, burning, causing abrasions, strangulation, suffocation, drowning, poisoning and deliberately induced illness.

Physical abuse includes the unjustified use of restraint. This includes chemical restraint, which is the use of medication solely to restrict someone's movements or to make them more compliant. See our 2.9 Enablers and Restraint Minimisation policy in this Manual for more on restraint.

Where abuse and neglect can occur

Abuse and neglect is possible in a wide range of environments and relationships. Abuse and neglect can occur in support and care relationships, both paid and unpaid. It can also occur in more institutional environments, such as group homes run by an organisation. Paid staff, volunteers, visitors, and other people being supported in institutional environments can all be abusive and/or neglectful.

Abuse and neglect can occur in relationships where a person has legal guardianship or legal power over another person, such as welfare guardians, financial administrators, and people with Enduring Powers of Attorney. See 1.8 Valuing and Working with People's Family, Whānau, and Legal Guardians policy in this Manual for more on legal guardians. Abuse and neglect can also occur in relationships that are more informal, such as family and friends.

Indicators/signs of potential abuse and/or neglect

Every situation is different, and it is important to consider all the available information about the person and their environment. There is often a range of possible explanations for indicators/signs of potential abuse and/or neglect. The key is having a positive, respectful, and open relationship with the person. By understanding the person and their life you can better determine if a sign is of concern. It is also important to consult with your Service Manager and your Staff Adviser – Adult Wellbeing.

It is normal to feel uncertain when you suspect abuse and/or neglect. The important thing is being able to recognise when something is wrong, especially if there is a pattern forming or several signs that make you concerned. It is the role of every staff member to report any concerns to their Service Manager.

Below are just some of the signs of possible abuse and/or neglect.

One general sign of possible abuse and/or neglect can be psychological changes, especially increases in anxiety, depression, hopelessness, and fearfulness.

Signs of possible neglect:

- Extreme willingness to please.
- Extreme hunger, weight loss and dehydration.
- Reduced and poor hygiene.
- Unsafe living conditions.
- Not having adequate clothes for cold weather.
- Medical and dental needs not being met.

Signs of possible self-neglect:

- Weight loss and dehydration.
- Reduced and poor hygiene.
- Unsafe living conditions.
- Not having adequate clothes for cold weather.
- Not paying bills or doing housework.
- Medical and dental needs not being met.

Signs of possible emotional/psychological abuse:

- Low self-esteem.
- Increased self-criticism.
- Increased dependence.
- Withdrawal from activities and interests.

Signs of possible financial crime and abuse:

- Excessively generous with belongings, money, and/or property.
- Frequently withdrawing large amounts of money and/or withdrawing money at unusual times and places.

- Account details, cards and PINs are given to people without safeguards in place.
- Unable to buy things they need or pay bills.
- Uncertain where money or belongings have gone.

Signs of possible sexual abuse:

- Difficulty walking or sitting.
- Injuries or complaints about discomfort in the genital area.
- Sudden unexplained increase in sexualised behaviour.

Signs of possible physical abuse:

- Unexplained bruises, burns, and cuts.
- Injuries in the shape of an object (such as a belt buckle or hand).
- Not wanting to discuss how injuries happened.
- Becoming more reactive to movement and turning away from people.

Actions

Staff Advisers – Adult Wellbeing

Regions are required to nominate ‘Staff Advisers – Adult Wellbeing’ – experienced and skilled practitioners who may be consulted and will guide us if we have concerns about abuse and/or neglect.

These Advisers form a national network that regularly communicates and connects with other agencies and policymakers concerned with safeguarding the wellbeing of disabled adults in New Zealand.

For staff working with adults

You are required to:

- Be alert to the possibility of abuse and neglect, including by staff members of our, and other, organisation/s.

- Be able to understand and identify signs of abuse and/or neglect.
- Understand how to respond appropriately to disclosures of abuse and/or neglect.
- Make sure the people you support are aware of their rights about how they should be treated and specifically about their right to be free from abuse and neglect.
- Understand the susceptibility of people you are supporting to abuse and neglect and support them to identify safeguards to protect their rights and safety.
- Respect, and understand, the right of people you support to make decisions and informed choices about their life.

What to do if you suspect abuse and/or neglect or someone discloses alleged abuse and/or neglect to you

When alerted to potential issues of abuse and neglect, take reasonable steps to ensure that the person is safe and not at immediate risk of harm:

- **If you believe the person is in immediate danger and/or hurt, call the Emergency Services on 111.** Then contact your Service Manager as soon as possible. They will contact the General Manager.
- **Do not attempt to investigate the suspected abuse or neglect.**
- **Do not confront or discuss the issue with any suspected offender.**
- If possible, ensure that the person is in a safe environment.
- Report to your Service Manager as soon as possible. This must be at least **on the same day** as you become aware of, or are informed of, concerns of abuse and neglect. Note as stated in the information sharing section below, if you cannot report to your Service Manager because they have a conflict of interest go to your General Manager.
- The Service Manager will contact the General Manager within 24 hours.
- Ensure high quality and timely recording practices. As soon as possible on the same day, make a written record of what you have seen, been told or have concerns about. This must be treated as sensitive

information and the process followed in the Sensitive information section of the National Service Pathway.

- The report will need to include:
    - When the disclosure was made, or when you were told about/witnessed the suspected abuse and/or neglect.
    - Who was involved, any other witnesses.
    - Exactly what happened or what you were told, using the person's own words, keeping it factual and not interpreting what you saw or were told.
    - Any other relevant information, e.g. previous incidents that have caused you concern.
    - Remember to include as much detail as possible.

The Service Manager will:

- Work with the staff member who has raised concerns to do the following:
    - If the person is in immediate danger, take any action we can to help ensure that the person is safe.
    - If appropriate, invite the Staff Adviser – Adult Wellbeing to provide advice and support.
    - If appropriate, identify a culturally appropriate adviser, take advice from them and include them in any follow-up actions.
    - Investigate further and agree on a safeguarding plan with the staff member who has raised concerns and the person.
    - Decide if we should share information with another organisation or person (see the section below).
    - Review and record the outcome and lessons learned from each incident.
    - Make a brief report to the General Manager and the Chief Executive.

Recording, information sharing, and confidentiality

It is important we record any suspected or substantiated abuse and/or neglect as well as our response. This must be treated as sensitive information and the process followed in the Sensitive information section of the National Service Pathway. The Service Manager will decide if any new coordinator that works with the person needs to know anything to work with the person effectively and safely.

We can share information about suspected abuse and/or neglect with other people and/or organisations, if:

1. we believe the person or others are in significant danger; and
2. sharing information could reduce this danger.

This means we may be able to share information with the person's family, whānau, the person's guardian, or organisations and professionals in the person's life. Note we can only share information with people and/or organisations who could take some action to reduce the danger.

Always consult your Service Manager before sharing information about a person.

Note do not share information with a staff member if the concern is about them or there is a clear conflict of interest between them and any of the people the concern is about. If you cannot share information with your Service Manager because of this, go to their General Manager. If the General Manager has a conflict of interest, go to the Chief Executive.

Encouraging people to report abuse and neglect to the Police

We encourage the people we support to report abuse and neglect to the Police. If people do not want to report abuse and neglect, we work with them to help them understand that the way they are being treated is not okay.

Making people safe

Making people safe can take time. The person may live with their alleged abuser or rely on them to provide support. In these cases, we work with the person to make them safe. We may help them move out or support them to get the alleged abuser to move out. We may have to find alternative housing for the person or help them work through a complicated legal process. We may also have to help them access alternative forms of support if they rely on the alleged abuser for support.

If the person wants to continue living with their alleged abuser that is their choice. Our role is to make sure their choice is an informed and genuine one. The person needs to understand the consequences of their decision, including that we may be unable to continue providing support if our staff are at risk.

When the person is not someone we support

If we suspect abuse and/or neglect with someone we do not support, follow the same actions as above. We may be more limited, however, in our ability to provide support. If someone we support is the alleged abuser, we follow the same actions as above. If appropriate, we can help the person access support and education around their actions.

Support for staff

We encourage all staff members to use the Employee Assistance Programme, if they are finding their work challenging. Service Managers will also regularly check in with staff who are working with people who are experiencing suspected abuse and/or neglect. Talk to your Service Manager if you need any support around your work.

If a staff member is suspected of abuse

If there is a suspicion that abuse has been perpetrated by a staff member, this is immediately reported to the Police by the Service Manager, or nominated person, in consultation with the General Manager.

The Police will complete the formal criminal investigation. Under the policies of the HR Handbook, a disciplinary process will be undertaken, if required.

Due to the seriousness of such a claim, the individual who is the suspected perpetrator of the abuse will be prevented from having access to people for whom we provide support and may be placed on alternative duties or they may be suspended on full pay, until the investigation is complete.

Guidelines and other information

More on financial abuse

https://www.govt.nz/browse/law-crime-and-justice/abuse-harassment-domestic-violence/financial-abuse/

More on family violence

https://www.justice.govt.nz/family/family-violence/

Relevant sections of the Crimes Act:

http://www.legislation.govt.nz/act/public/1961/0043/137.0/DLM329292.html#DLM329292

http://www.legislation.govt.nz/act/public/1961/0043/137.0/DLM329384.html

http://www.legislation.govt.nz/act/public/1961/0043/137.0/DLM4360818.html

A power and control wheel adapted for relationships between disabled people and their caregivers:

https://www.communitysolutionsva.org/index.php/resources/item/power-and-control-wheel-people-with-disabilities-and-their-care-givers

1.10 Advocacy

Convention on the Rights of Persons with Disabilities – Articles 5 and 8

New Zealand Disability Strategy 2016-2026

NZS 8134.1.3.4:2021

Scope: Who this is for

This policy applies to all staff, contractors and volunteers.

Statement: Why it matters

All our work at CCS Disability Action is about ensuring disabled people’s rights are upheld so they can live the life they want. We know these rights are often overlooked or not understood, so an important part of our mahi is supporting self-advocacy and partnering with people we support and their whānau to advocate for fair, rights-based outcomes. When a person is heard and their rights are upheld, they can choose what their own good life looks like. Leadership of the process enhances a person’s mana and affirms their identity as a full citizen.

We also engage in broader advocacy work in our communities and at a national level. This is about using our resources and influence to make Aotearoa New Zealand a fairer, more accessible place to live.

Definition: What is advocacy?

Advocacy is about driving towards a specific goal relating to a person or people to make sure their rights are upheld and they get a fair outcome. There are three types of advocacy and our work can involve all of these:

- **Self-advocacy:** Self-advocacy is when a person or people directly act on their own behalf (e.g. contacting a provider to assert their rights and negotiate outcomes). For children and for anyone who consents, self-advocacy includes whānau.

- **Individual advocacy:** Individual advocacy is when a person or people decide to have us actively advocate alongside them, whether informally or formally (e.g. writing a letter on their behalf or attending a meeting with them).
- **Systems advocacy:** Systems advocacy is about changing things like policies, laws or other rules, and can also include raising public awareness. It may be done at a local or national level (e.g. the work our Access Coordinators do).

Self-advocacy supports disabled leadership and is always our preferred option when working with people and their whānau. Even when we have a more direct role in individual advocacy, all our advocacy is based on supporting self-advocacy as much as possible. The person always:

- has control of planning and directing their own advocacy, including confirming the exact issue and how to approach it, their goals and desired outcomes, who to involve or collaborate with etc.
- knows their rights and responsibilities and has all the information they need in a way that works for them (see 2.1 Informed Consent)
- knows they can ask us for advocacy support (and understands what we can and cannot do), or can have independent advocacy (NZS 8134.1.3.4)
- chooses our level of involvement.

What we do

- We support people to know and assert their rights, have their choices heard and their rights upheld.
- We train all our staff and contractors (e.g. caregivers) in a best practice and self-reflective approach to advocacy, ensuring it is person-directed and supports self-advocacy and disabled leadership.
- We always use a person-directed approach to advocacy that follows the person's own will and preference (or their guardian's, e.g. for a

child), **not** our idea of “best interests”. We use supported decision-making to ensure this.

- We only undertake individual advocacy with a person’s consent.
- We always support people in a way that encourages self-advocacy.
- We value the views and natural support of whānau and involve them with a person’s consent, including supporting them to advocate.
- We communicate all the information a person and their whānau needs for making advocacy decisions, in a clear and accessible way.
- We are clear with people we support and their whānau about our role and relationship, including limitations on what we can do.
- We value relationships, including the relationships that people we support and CCS Disability Action have with other organisations and agencies. This means working collaboratively and respectfully and being careful not to damage relationships for a short-term advocacy goal unless this is a risk the person chooses to take for their own relationships.
- We work in culturally appropriate ways.
- We never assume we are the best person or organisation to advocate. This means we explore options and we declare any conflict of interest or barriers to working objectively and independently.
- We protect people’s privacy (see 2.2 People’s Privacy and Confidentiality).
- When opportunities for systems advocacy relate to a person we support (and their situation could be shared as an example of the systemic issue), we only **ever** pursue this if and how they choose. The person leads and has control.
- We undertake systems advocacy in line with Te Aronui/our Strategic Priorities.
- We train Access Coordinators in our approach to systems advocacy.

Impact of not using this policy

- A person does not experience choice and control in their life (e.g. because of missed opportunities to self-advocate or because their own will and preference is overlooked).
- A person's rights are not upheld.
- The person and/or CCS Disability Action lose relationships unnecessarily.

Any questions about this policy

For any questions about this policy, contact the National Manager – Contracts, Service Development and Support Systems.

For any feedback on this policy, contact a member of the National Service Policy Team.

Related documents

- National Service Policies Manual
  - 1.1 Human/Disability Rights
  - 1.3 Supporting Disabled Leadership
  - 1.8 Valuing and Working with People's Family, Whānau and Legal Guardians
  - 1.12 Person-Directed Support
  - 2.1 Informed Consent
  - 2.13 Supported Decision-Making
  - 3.1 Complaints
  - Appendix 4 Tikanga Guidelines

Related resources

- A short video about this policy
- Our library has a list of advocacy resources.

Policy owner/s

Role: National Manager – Contracts, Service Development and Support Systems

Approved date: 13 September 2022

1.11 Working Respectfully in a Person’s Home

Convention on the Rights of Persons with Disabilities – Articles 3, 19, 22, 23

Te Tiriti o Waitangi – Article 4

New Zealand Disability Strategy 2016-2026 – Outcome 7

Code of Health and Disability Services Consumers’ Rights

Health and Safety at Work Act 2015

NZS 8134.1:2021

Scope: Who this is for

This policy applies to all staff, contractors and volunteers who may visit people in their place of residence.

Statement: Why it matters

Everyone has the right to respect and dignity and to live the life of their choice. Within this, disabled people have a right to access support within their homes that respects their identity, choices and privacy (UN Convention Articles 3.1, 19 and 22).

At CCS Disability Action we understand that it is a privilege to be welcomed as a visitor into someone’s home. We are committed to ensuring every visit to a person’s home upholds rights, builds relationship and enhances the mana of the person we support and their whānau or anyone else in the home. This includes:

- respect for people, their identity, culture and choices
- respect for homes (wherever a person lives) and possessions
- respect for a person’s authority to tell us how, when and whether we can enter their home
- respect for privacy rights.

Te Tiriti o Waitangi and a person’s home

CCS Disability Action is a rights-based organisation that upholds the rights of disabled people along with the rights in Te Tiriti o Waitangi. Commitment to

Te Tiriti o Waitangi means that we respect and reflect Māori cultural values and practices, including tikanga, in the ways we enter, work in and leave a person’s home (Article 4). As manuhiri, or visitors, we listen and follow how people and their whānau want us to work in their home.

See Health and Safety Manual 19 Working Safely in the Community for what we do when visiting people’s homes to ensure health and safety for people and our staff.

What we do

- We ensure all planning and supports are person-directed and mana-enhancing, respecting a person’s authority over how, when and whether we provide support in their home. These decisions include whānau and others with the person’s consent (or for children we support, e.g. guardians).
- We uphold people’s right to live their lives in the way they choose and truly be themselves at home. We make no judgements about a person, their home, their possessions or others in their home.
- We respect the privacy of the person and others.
- We respect and uphold people’s rights, identity, culture, values and beliefs in the way we visit or provide support in a person’s home. Our training and supervision involve cultural competency, including application of Te Tiriti o Waitangi and following Tikanga Guidelines.
- We inform people of their right to have an advocate or their own support person with them at any time.
- We follow National Service Pathway 6.6 Access to a Person’s Home for our practices around visiting, access and security.
- We work in a way that ensures safety for people we support, others in the home and our staff, following Health and Safety Manual 19 Working Safely in the Community. We also follow National Service Policies Manual 1.9 Recognising and Responding to Adult Abuse and Neglect and 1.7 Child and Young Person Protection when we have any

concerns about the wellbeing or safety of the person we are visiting or someone else in the home.

Impact of not using this policy

- A person and their whānau may have rights and/or privacy breached.
- A person and their whānau may not have their mana and dignity upheld.
- Breaches of Health and Safety policy and legislation.

Any questions about this policy

For any questions about this policy, contact the National Kaiārahi – Māori Development.

For any feedback on this policy, contact a member of the National Service Policy Team.

Related documents

- National Service Policies Manual
    - Appendix 4 Tikanga Guidelines
    - 1.1 Human/Disability Rights
    - 1.2 Children and Young People's Rights
    - 1.4 Cultural Responsiveness – Whānau Hauā (Disabled Māori)
    - 1.6 Cultural Responsiveness – Pasifika
    - 1.7 Child and Young Person Protection
    - 1.9 Recognising and Responding to Adult Abuse and Neglect
    - 1.10 Advocacy
    - 1.12 Person-Directed Support
    - 2.2 People's Privacy and Confidentiality
    - 2.11 Damage to Property When Supporting a Person
- National Service Pathway
    - Appendix 7 Home Access and Security Agreement
    - 6.6 Access to a Person's Home
- Health and Safety Manual

    - 9 Risk Management
    - 16 Working Together – Overlapping Duties
    - 19 Working Safely in the Community

Related resources

- A short video about this policy
- Ngā Paerewa Health and Disability Services Standard (NZS 8134:2021)
- Code of Health and Disability Services Consumers' Rights

Policy owner/s

Role: National Kaiārahi – Māori Development

Approved date: 2 November 2022

1.12 Person-Directed Support

Convention on the Rights of Persons with Disabilities – Articles 3, 12 and 19

New Zealand Disability Strategy 2016-2026 – Outcomes 7 and 8

NZS 8134:2021 – Sections 1-3

Scope: Who this is for

This policy applies to all staff, contractors and volunteers.

Statement: Why it matters

At CCS Disability Action we uphold people's right to lead and make decisions about their own lives. This is sometimes called self-determination. In te ao Māori it is called mana motuhake. **Everyone** is able to do this, with support (UN Convention Article 12).

Person-directed support means that the disabled person leads decision-making on the planning, delivery and review of all supports we provide them. The person makes choices about their supports based on their own identity (including culture), goals, strengths, needs and wants. This results in strong disabled leadership and in people having the right holistic supports to live the life they choose.

Person-directed support includes:

- What supports look like and when, where and how these occur (including exactly what level of involvement CCS Disability Action has)
- Who is involved (or not) at all stages of planning and support
- Flexibility to change the plan (changing needs, change of mind or goals).

As a provider of supports, it means we are very clear about our role and its limits. Our job is to ensure supports are person-directed. We contribute our skills, information, experience and connections in a way that supports the person to lead and make their own informed choices and to build and maintain their own life and relationships. This includes using supported decision-making. For more about how we practise person-directed support, see National Service Pathway 2 Supported Lifestyles approach.

Te Tiriti o Waitangi and mana motuhake

In our approach to person-directed support, CCS Disability Action is committed to upholding the rights established in Te Tiriti o Waitangi. This includes Māori mana motuhake. Mana motuhake is about self-determination – the right for Māori to be Māori, to exercise authority over their lives and to live on Māori terms and according to Māori philosophies, values and practices, including tikanga.

Person-directed support and whānau

Person-directed support may sound very individualistic. Although it is about individual rights, we acknowledge these human rights exist and are expressed and supported within communities and whānau. Person-directed support includes the disabled person choosing their own level of connection and independence or interdependence with whānau and others. This means that with the person’s consent, whānau may have a significant role in shaping what supports look like (see also Appendix 4 Tikanga Guidelines and 1.8 Valuing and Working with People’s Family, Whānau and Legal Guardians).

Person-directed support and children

For children and young people, person-directed support also generally includes family/whānau (e.g. guardians). Children and young people always have the right to be involved in decision-making and have their views included as much as possible, using a supported decision-making approach. See 2.1 Informed Consent for more information around age and consent, and 1.2 Children and Young People’s Rights. See also our shared decision-making resource.

What we do

- We train and support all our staff and contractors (e.g. caregivers) in a best practice, whole of life approach to person-directed support. We call this the Supported Lifestyles approach.
- We provide the supports a person wants in the way they want. We maintain open communication with the person and are responsive to make sure this happens.
- We value innovation, collaboration and flexibility to achieve the outcomes a person wants. This may involve identifying and accessing natural supports and other community resources wherever the person is located, including areas where funded resources are limited.
- We respect and uphold people’s identity, culture, values and beliefs. Our training and supervision involve cultural competency across diverse cultures. This includes how we apply Te Tiriti o Waitangi and follow tikanga when working with Māori.
- We include family and whānau if the person agrees.
- We give people all the information, support and time they need to make informed decisions about their supports.
- We acknowledge disabled people’s right to take risks in their choices.
- We carry out six-monthly reviews of a person’s support plan, which the disabled person leads.
- We recognise when disabled people are not in control of their supports. We are conscious of removing barriers to self-determination, including power imbalances and our own biases.
- We inform people of the complaint process and support people to make a complaint if they feel we have breached their right to person-directed support.
- We seek feedback from people we support and act on this feedback to ensure the supports we provide are person-directed.

- We provide easy ways for disabled people to contribute to our service development and delivery, including service policies.
- We are determined to see the right to person-directed support upheld beyond CCS Disability Action. This includes working with individuals who ask us for support to ensure their supports from other organisations are person-directed, through to broader advocacy across Aotearoa New Zealand (see 1.10 Advocacy).

Impact of not using this policy

- A person may be disempowered and have their right to self-determination breached.

Any questions about this policy

For any questions about this policy, contact the National Disability Leadership Coordinator.

For any feedback on this policy, contact a member of the National Service Policy Team.

Related documents

- National Service Policies Manual
    - 1.1 Human/Disability Rights
    - 1.3 Supporting Disabled Leadership
    - 1.4 Cultural Responsiveness – Whānau Hauā (Disabled Māori)
    - 1.5 Contribution and Leadership by Whānau Hauā (Disabled Māori)
    - 1.6 Cultural Responsiveness – Pasifika
    - 1.8 Valuing and Working with People’s Family, Whānau and Legal Guardians
    - 1.9 Recognising and Responding to Adult Abuse and Neglect
    - 1.10 Advocacy
    - 2.1 Informed Consent

    - 2.2 People’s Privacy and Confidentiality
    - 2.4 Accessible Information and Communication
    - 2.13 Supported Decision-Making
    - 3.1 Complaints
    - Appendix 4 Tikanga Guidelines
- National Service Pathway

Related resources

- A short video about this policy
- Code of Health and Disability Services Consumers’ Rights
- Our resource on shared decision-making with disabled children and young people.

Policy owner/s

Role: National Disability Leadership Coordinator

Approved date: 8 November 2022

1.13 Sexuality, gender identity and intimate relationships

New Zealand Disability Strategy 2016-2026

UN Convention – Article 1 and Article 25

Human Rights Act 1993

The Code of Health and Disability Services Consumers' Rights 1996

CCS Disability Action Standards of Integrity and Conduct

Statement

Definitions

Sexuality or sexual orientation

Whom a person is sexually or emotionally attracted to. A person may be exclusively attracted to only one gender or to more than one gender.

Gender identity

Which gender(s) a person identifies with if any.

We recognise that people often use a variety of terms to describe themselves, including ‘intersex’, ‘intergender’, ‘gender neutral’, ‘gender diverse’, or ‘transgender’. Another term is Takatāpui, which is a traditional Māori term meaning ‘intimate companion of the same sex.’ but has been reclaimed to embrace all Māori who identify with diverse genders and sexualities. Unless the person wants us to use another term, we use the Human Rights Commission’s convention of using the term trans people and intersex people.

Intimate relationships

Close personal relationships that may or may not involve sex.

We uphold people's rights

We support people, if they want support, to explore their sexuality and develop intimate relationships. We do this while maintaining professional boundaries. Everyone has the right to be loved, love, and to have an active sex life if they choose.

As a human rights based organisation, we respect people's right to express their sexuality, gender identity and to develop intimate relationships. We also fully respect people's right to make their own choices about their reproductive health and their use of contraceptives. If needed, we advocate for people to make their own choices.

We respect the role of family and whānau in people's lives. At the same time, we recognise that sexuality, gender identity, and intimate relationships are areas where people can disagree with their family members. We support the person's right to make their own choices and to control who is told about those choices.

With disabled children and young people, in line with our 1.2 Children and Young People's Rights policy, we advocate for their views to be given the same weight as non-disabled children or young people their age. As all children grow older and become a young person, they should gain more independence and choice over their life. This includes over their sexuality, gender identity, and intimate relationships.

We do not tolerate discrimination

We do not tolerate discrimination based on sexuality and/or gender identity. We also do not criticise someone's sexuality, gender identity or choices around intimate relationships. Diversity strengthens our communities, but only if discrimination is addressed. Everyone needs to be free to live, work and fully participate in their community without discrimination.

We respect people’s privacy

Sexuality, gender identity and intimate relationships are deeply personal issues for many people. We fully respect people’s privacy and their right to a private life. We also recognise that sexuality and intimate relationships are topics that some people feel uncomfortable talking about. All of our staff must deal with matters of sexuality, gender identity and people’s relationships sensitively. This includes only accessing this information or sharing it with other staff members for a justifiable work purpose. See Policy 2.2 People’s Privacy and Confidentiality and Section 11.5 of the National Service Pathway for more about protecting people’s information.

Recording our support

If we are supporting someone around their sex life, we need to record the support we provide. This is to keep everyone involved safe. We only record the support we provide, not any other details of their intimate relationships. We record the minimum amount of details necessary, so it is clear what support we provided. If possible, we record this support in the person’s plan. If the person does not want this sensitive information recorded in their plan (because, for example, family members have access to their plan), then we can explore other options. This could include putting the information in our sensitive information filing cabinet. Talk to your team leader/service manager about this. Also, see 7 Planning with People and Whānau and 11.5 People’s information in the National Service Pathway for more information about recording sensitive information.

We maintain professional boundaries

There must be clear boundaries between our staff members and the people we support. We base our boundaries on everyone being comfortable and safe within the working relationship. We must be alert to the danger of boundaries being crossed and the possible consequences on both parties' wellbeing.

If someone wants support with developing intimate relationships, this must be planned in advance. The person we support (including anyone they want to involve in this process), their support worker(s) and their coordinator must work out how this will be done safely and legally for everyone involved. They all must agree on where the professional boundaries are and what support is appropriate.

Staff should be very mindful about becoming too involved in supporting intimate relationships. Our role is only to support relationships. Staff should not be a go-between for the person we support and the other person(s) in the relationship(s). Staff must not communicate on behalf of a person we support without their knowledge. We always try to reduce our support over time so people can be as independent as possible. See Policy 1.12 Person Directed Planning and Service Delivery for more about ensuring the people we support are in control.

We can only support people to be involved in legal sexual activities

Legally, a person must be over sixteen and have given their informed consent to be involved in sexual activity. A person must be over eighteen to purchase or offer paid sex services, such as visiting an adult sex shop or visiting, or being, a sex worker. We can only support people of legal age to be involved in legal sexual activities.

Informed consent means the person understands the decisions they are making and the possible consequences. We assume every person is capable of giving informed consent unless there are reasonable grounds for believing that the person is not capable of giving informed consent.

If we are concerned about a person's ability to give informed consent to be involved in sexual activity, firstly we explore ways to make sex education information more accessible so they can make an informed choice.

If we believe someone was or is likely to be involved in sexual activity without their informed consent, we immediately contact the Police.

We are alert to signs of abuse and domestic violence

While we respect people's privacy, we are alert to signs of abuse and domestic violence in relationships. If we suspect a relationship has or is likely to become abusive, we follow the processes in our Recognising and Responding to Adult Abuse and Neglect Policy or our Child and Young Person Protection policy (if the person is under 18 years of age). We also consult our adult advisors or Child Protection Advisors.

If we believe the person is in immediate danger, we call the Police. If the situation is not urgent, support workers should consult coordinators for advice. We can support people to access sexual and domestic violence services if the person asks us for support. We can also support people to access relationship counselling. Sometimes the person may need support to understand that the way they are being treated is not okay.

Actions

- If the person asks, we can help them access information about safe sex and consent.
- If the person asks, we can support them to access counselling around gender identity, sexuality, and/or intimate relationships.
- We oppose the involuntary sterilisation of children, young people and adults.
- We support disabled people to have the same access to sexual health services, including screening, as non-disabled people.
- We can refer people to relevant support networks, such as gender identity support groups.
- If the person asks, we can help them access ways to meet other people, such as online dating, dating apps, or single nights at bars. We work with the person to address any potential safety issues.

- If the person asks, we can help them access sex services, such as sex workers and sex aides (while maintaining professional boundaries). We work with the person to address any potential safety issues.
- If we suspect there is abuse or domestic violence in a relationship, we follow the processes in our Recognising and Responding to Adult Abuse and Neglect Policy.
- If the person asks, we can support them to access sexual and domestic violence services.
- Staff members must not engage in sexual relationships with the people they support.
- If staff members feel professional boundaries may be / are crossed, they must immediately stop providing support to that person. They must also inform their line manager so alternative support for the person can be arranged.
- We ask the person how they want us to address them, such as which personal pronoun to use. If a person’s gender identity changes after beginning support with us, we check with them if they want to change their records with us. We can update their name and sex/gender on our database.
- We must always be non-judgmental and professional. We respect a person’s gender identity, their sexuality, and the choices they make around intimate relationships. We will not make the people we support feel uncomfortable about their sexuality, gender identity or choice of intimate relationships, either through our actions or through words.
- We will let the person know that they can talk to a staff member’s line manager if they feel uncomfortable because of the staff member’s actions or words. The staff member’s line manager will address this.
- If a staff member feels that due to their personal beliefs, they cannot be non-judgmental or professional about the sexuality, gender identity or sexual relationships of someone they support, the staff member must inform their line manager. The line manager must ensure the support the person receives is respectful, professional, free of discrimination and non-judgmental.

- If a staff member feels uncomfortable because of the actions or words used by a person we support, they must report this to their line manager. The line manager must then deal with the situation and ensure a safe and comfortable work environment is provided for the staff member.
- Staff members must respect people's privacy and their right to a private life. This means unless they have permission from an individual to disclose information about their sexuality, gender identity or sexual relationships, (and the purpose for this is made clear) no information is to be disclosed.

Helpful resources:

http://www.apa.org/pi/lgbt/resources/sexuality-definitions.pdf

https://www.hrc.co.nz/files/5714/2378/7661/15-Jan-2008_14-56-48_HRC_Transgender_FINAL.pdf

2. How We Work With People

This section provides service delivery policy and practices for CCS Disability Action, ensuring that a consistent approach is taken by team members and that minimum standards for service delivery are met

2.1 Informed Consent

Convention on the Rights of Persons with Disabilities – Articles 5, 9, 12, 17, 21, 25

New Zealand Disability Strategy 2016-2026 – Outcome 7

Code of Health and Disability Services Consumers' Rights – Rights 5-8

NZS 8134:2021 – 1.6 and 1.7

Scope: Who this is for

This policy applies to all staff, contractors and volunteers.

Statement: Why it matters

At CCS Disability Action we recognise a disabled person's right to be included in and in control of their own life and supports. Within this is the right to make an informed choice and give informed consent. This includes consenting to:

- the supports we will provide and how they will be provided
- how personal information is recorded and kept
- who we share personal information with and how.

In order to give informed consent (UN Convention Article 25(d), Article 12) it is a person's right to have effective communication from us in a way that is accessible to them, and to have all the information they need (Articles 9 and 21). The Code of Health and Disability Services Consumers' Rights also requires this of us as a provider of supports (Rights 5-8). We always uphold these rights.

If a person fully understands what they are agreeing to and chooses to agree, then they are in control and are equipped to decide on the right supports for them.

Without a person's informed consent, we cannot and will not do anything.

This policy is to be read alongside 2.2 People's Privacy and Confidentiality, which covers some privacy and personal information aspects of consent.

What is informed consent?

Informed consent is the process of making a fully informed decision.

- **Informed** means people have the right information, at the right time, in the right way (in a way the person understands: see 2.4 Accessible Information and Communications), with the time and support needed to make the decision (NZS 8134.1.6). It includes accurate discussion of what to expect, risks and other options, and the opportunity to ask questions. A person may choose to have a support person or people present during these discussions (Right 8 of the Code).
- **Consent** is a conscious choice or agreement. This means disabled people are in control and leading the conversations about their lives and supports. It includes opportunity for ongoing discussion and a person's ability to change their mind or withdraw their consent at any time. Consent can be given formally, like signing a form before supports begin, and also informally, like the ongoing communication between a person we support and our staff that ensures the person is always directing their supports.

While the right to informed choice and consent belongs to an individual, for some people, including family and whānau in the way they make their decisions is important. The involvement and support of the family and whānau of a disabled person/whānau hauā are a valuable part of this process, with the person's consent (see 1.8 Valuing and Working with People's Family, Whānau and Legal Guardians and Appendix 4 Tikanga Guidelines).

Who can give informed consent?

We always assume a person is able to give consent themselves (in line with UN Convention Article 12). Taking this right seriously includes using supported decision-making to ensure a person can make their own decisions. For adults (and for children and young people when appropriate), the priority is to determine a person's own will and preference, not deciding on their "best interests".

A person aged 16 years or older gives their own informed consent.

A child under 16 may also be able to give informed consent for themselves, if they understand the decision they are making and the consequences. A child younger than 16 who is unable to give their own informed consent must still be involved in the decision-making and have their views included as much as possible, using a supported decision-making approach (see also our shared decision-making resource). As a child gets older, the guardian(s) and child will make decisions together more and more until the child is able to make some decisions on their own.

These are the people who can legally consent on behalf of another person in certain circumstances:

- legal guardians (parents/guardians under the Care of Children Act 2004)
- welfare guardians (appointed under the Protection of Personal and Property Rights Act 1988)
- people appointed under an Enduring Power of Attorney for personal care and welfare (if this power has been activated).

These people have responsibilities and limits on when and how they can make decisions on the person's behalf, and we need to know what these are. A person still has the right to make their own informed choices and give informed consent themselves whenever they are able (Right 7(3) of the Code). The person must always be involved even when someone else can legally consent on their behalf, including using supported decision-making (see related documents and resources at the bottom of this policy).

What we do

- We only provide supports after we have a person's informed consent.
- We renew consent when there is a significant change to the nature of the service or support originally agreed to by the person.
- We seek formal renewed consent for services from a person every year.
- At times we also revisit consent with a person, when their ability to consent changes, and renew consent if needed.
- We give people all the information, support, and time they need to make an informed decision, ensuring opportunity for questions and discussion.

- We provide information to people, including children and young people, in a way they can understand.
- We always use supported decision-making strategies to ensure a person is involved in all decisions about their life and supports, even when someone else can legally consent on the person's behalf.
- We include family and whānau if the person agrees.
- We inform people of the complaint process and support people to make a complaint if they feel we have breached their right to informed consent.

Impact of not using this policy

- A person does not have control of their own supports and information, breaching human rights (including privacy) and resulting in supports that do not meet their needs and/or will and preference.
- Disciplinary action and legal action.

Any questions about this policy

For any questions about this policy, contact the National Disability Leadership Coordinator or National Privacy Officer.

For any feedback on this policy, contact a member of the National Service Policy Team.

Related documents

- National Service Policies Manual
    - 2.2 People's Privacy and Confidentiality
    - 1.1 Human/Disability Rights
    - 1.8 Valuing and Working with People's Family, Whānau and Legal Guardians
    - 1.12 Person-Directed Support
    - 2.4 Accessible Information and Communication
    - 2.13 Supported Decision-Making

    - Template 1 Consent for Services and Sharing Information (includes Your Information)
    - Template 1a Easy-Read Consent for Services and Sharing Information (also in PDF)
    - Template 1b Large Print Consent for Services and Sharing Information (includes Your Information)
    - Template 2 Your Information
    - Template 2a Easy-Read Your Information (also in PDF)
    - Appendix 4 Tikanga Guidelines
- National Service Pathway
    - 5 Starting support
    - 6 Planning with people and whānau
    - 8 Reviewing support

Related resources

- A short video about this policy
- Our library has a reading list of informed consent resources
- The Ministry of Justice has produced this information on powers to make decisions for others
- The Ministry of Social Development has produced this guidance on Enduring Power of Attorney
- Our resource on shared decision-making with disabled children and young people.

Policy owner/s

Role: National Coordinator Disability Leadership, National Privacy Officer

Approved date: 12 September 2022

2.2 People's Privacy and Confidentiality

New Zealand Disability Strategy – Objective 2
UN Convention – Article 22
Privacy Act 2020
Health Information Privacy Code 2020
Health (Retention of Health Information) Regulations 1996

Scope: Who this is for

This is for all CCS Disability Action staff. We all need to understand our approach to people's privacy and what to do and who to go to when certain situations arise. Our Privacy Officers and designated persons to manage privacy complaints carry out some of the actions described below, and they also have further training and work instructions for this.

Statement: Why it matters

Everyone has the right to privacy and confidentiality. We protect the privacy and confidentiality of the people who use our services. We store their information securely. We only access people's information if we need to know it to do our job.

What we do

We comply with the Health Information Privacy Code 2020 and associated legislation (including the Privacy Act 2020 and Health Act 1956).

Privacy training

We train all staff on the basics of the Health Information Privacy Code 2020. Privacy Officers and designated persons who manage privacy complaints will receive more in-depth training in the Health Information Privacy Code 2020.

- All staff will complete the Health ABC training
    - during Orientation and Induction; and
    - at least every three years.

- Privacy Officers and designated persons to manage privacy complaints will complete the Health 101 training and any related training to the Privacy Officer role
    - before acting as Privacy Officer or designated persons to manage privacy complaints; and
    - at least every two years.

This is recorded, monitored and arranged by the National Privacy Officer.

We do not access people's information without a purpose

We will not access people's information unless it is for a justifiable work purpose. This includes information about people we know, such as family members or staff members who are receiving support from us.

We only collect the information we need to deliver support

We ask for people's informed consent to collect information about them. We use the Consent for Services and Sharing Information form for this. We only collect information from people if:

- we need it to deliver support
- we are legally allowed to collect it; and
- the information we collect is for a justifiable purpose.

Where a person we support is a staff or governance member

If a person is a staff or governance member and also receives support from CCS Disability Action, we must keep the personal information they give to CCS Disability Action separate for each role. The information they give us in their role as a person receiving support is covered by this policy. The information they give us in their role as a staff member is covered by our Human Resources Policies. The Governance Handbook outlines the privacy requirements for governance members.

Retaining and disposing of personal records

We hold people's information for ten years after they finish receiving support from CCS Disability Action as a whole. This process does not apply to branch transfers (see the National Service Pathway 3.5 for the branch transfer process).

When a person completes support

When a person completes support with us, they can ask us to give them all their records. We can also transfer their records to a new organisation(s) of their choice. This includes hard copy personal records, if any, and electronic personal records. If the person wants their records, the local Privacy Officer will first check to see if any information should be withheld under Part 4 of the Privacy Act 2020.

When a person aged 18 or over completes support

When a person aged 18 or over completes support with us, if they receive their records or the records are transferred to a new organisation, we can then dispose of our copy of their records immediately. We do not need to wait ten years. For more information about this see: https://privacy.org.nz/tools/knowledge-base/view/133.

If the person does not want their records or for us to transfer the records, we will keep the records for ten years. After ten years we will destroy them in a secure way, such as a secure document destruction service.

When a person under 18 completes support

If someone is under 18 years of age when they complete support with us, we will keep their records:

1. for at least 10 years; **AND**
2. until they are at least 21 years of age. This is to give them a chance to request their records as an adult. This is regardless of whether their parent/guardian or another organisation has already received the records.

If you have any questions about this, contact your local Privacy Officer.

Disposing of archived personal information

If we have archived personal information that has already been held for over 10 years since we finished supporting the person, we must dispose of this information in a secure way, such as a secure document destruction service.

A person passes away

If a person passes away, all the regular privacy requirements still apply. We will continue to hold the person's information for ten years unless we are asked to transfer the information to an approved representative. An approved representative will usually be the executor or administrator of the person's estate (if one is appointed) or a parent, legal guardian or representative if the person was under 16.

Privacy Officer

Privacy Officers provide advice on privacy issues, including privacy breaches and requests for people's information. Contact your local Privacy Officer if you have any concerns about privacy, want general privacy advice, and/or an external person/organisation is requesting personal information from us.

- All regions will have at least one Privacy Officer.
- Local Privacy Officers will be involved in all local information requests. If no local Privacy Officer is available, a Privacy Officer from another region or National Office will be involved.
- Privacy Officers are listed in the Branch Directory.

Privacy breaches

A privacy breach is an unauthorised and/or accidental disclosure, alteration, loss, or destruction of personal information. Two common forms of breaches are sending personal information to an incorrect email or mail address and leaving personal information in a public space.

If you believe a privacy breach may have happened, immediately contact your Privacy Officer. In most cases, this will be your local Service Manager. The

Privacy Officer will notify their General Manager as soon as possible and the National Privacy Officer.

Privacy Officers will record all privacy breaches in the Privacy Breach Register for their region (or for National Office, as applicable).

The Privacy Officer and the staff members involved in the breach will move through the four key steps in dealing with a privacy breach:

1. **Contain** and minimise the impact of the breach by trying to recall or recover the personal information.
2. **Assess** the risk of the breach for the affected people and the organisation as well as the risk of further breaches.
3. **Notify** the affected people if the breach has created a risk of harm (unless an exception applies) to give them the opportunity to act to protect themselves. For instance, they may need to change a password or monitor their bank accounts for malicious activity.
    - If the consequences from the breach are minimal or minor, or if telling people would cause more worry and harm than not telling them, it may be acceptable not to tell the affected individuals. The Privacy Officer will decide this.
    - If the breach has created a risk of serious harm, the National Privacy Officer will notify the Office of the Privacy Commissioner: see below for more information.
4. **Review** the cause of the breach and take steps to prevent it from happening again.

Mandatory privacy breach reporting

All privacy breaches are reported internally, as detailed above. If a privacy breach poses a risk of serious harm or has caused serious harm, we must also notify the Office of the Privacy Commissioner.

The National Privacy Officer and the relevant General Manager will assess whether to report the breach by answering the following questions:

1. How sensitive is the information?
2. Have we contained the breach and reduced its negative impact?
3. Would notifying affected parties make the breach better or worse?

If they are required to report the breach, the National Privacy Officer will first notify the Chief Executive and must then notify the Office of the Privacy Commissioner and the affected parties of the breach.

See this page for the steps to notify the Office of the Privacy Commissioner: https://www.privacy.org.nz/responsibilities/privacy-breaches/notify-us/

Designated persons to manage privacy complaints

The General Manager is the designated person to handle privacy complaints in their region and the national Human Resources Manager handles privacy complaints for the National Office. They may seek advice from Privacy Officers.

All privacy complaints must be handled according to our policy 3.1 Complaints in this Manual.

People requesting their information

People can ask whether we hold information about them or request a copy of the information. People can make these requests using the communication method that works best for them. When a person requests their information or a correction, contact your local Privacy Officer. The Privacy Officer will ensure that a Request to Receive Personal Information has been completed.

The Privacy Officer must verify the person's identity. This can be done by either getting a staff member who knows the person to verify their identity or requesting formal identification.

Once this is done, the Privacy Officer must check the requested information to see if Part 4 of the Privacy Act 2020 applies. Part 4 refers to access to, and correction of, personal information. CCS Disability Action can only withhold the exact information that Part 4 criteria apply to; we must release any or all other information and advise the person that under Principle 7 of the Privacy Act 2020 they can request correction of that information. We must be able to justify any decision to withhold information and the person has the right to appeal our decision.

You can view the Privacy Act here.

Other individuals requesting a person's information

Privacy Officers handle all requests from people for someone else's information, in consultation with relevant staff. They will ensure that a Request to Receive Personal Information has been completed.

Privacy Officers will verify the requestor's identity and check whether they are legally allowed to access the person's information. Verifying the requestor's identity can be done by either getting a staff member who knows the requestor to verify their identity or seeking formal identification. If they are granted access, the Privacy Officer will check what level of access they are allowed and record this. Under Section 57 of the Privacy Act 2020, we must legally take reasonable precautions to make sure the requestor is allowed to access that person's information. We can only share people's information with other individuals in five situations:

1. **The requestor has the right to access that information**. This means legal guardians (guardians under the Guardianship Act, or a welfare guardian appointed under the Protection of Personal and Property Rights Act) or individuals with an activated enduring power of attorney for the personal care and welfare of the person.
2. **The requestor provides disability or health-related support to that person** (even if they are not being paid). They can request relevant information about the person they are providing support to. The test of

relevance is whether the information will help them support the person better.

3. **The person has given their informed consent to share information with the requestor**. We will make sure any consent is informed consent. If there is doubt, check again with the person.
4. **There is an emergency or a significant danger to the person or others** and sharing the information could reduce this danger. This includes child protection concerns.
5. Any other reason under Principle 11 of the Privacy Act 2020.

We can refuse requests from people requesting the information of others (even if they are meant to be allowed access). We can do this if we believe, on reasonable grounds, that the person does not want that information to be shared.

This could be because they have completed an Information Not to Be Shared form and:

1. named a person or organisation they do not want us to contact or share their information with at all; and/or
2. named a person or organisation they do not want us to share specific information with.

Alternatively, it could be that they have made a verbal comment, or we may believe it would not be in the person's interests for the information to be shared.

The best practice is always to check with the person that they are happy to share their information with another person. As stated above, we will still need to share information if required to by law or where there is significant danger, for example child protection concerns.

If we decline a request, we will let the person know the reasons, provide information that backs the decision (such as relevant sections of the Privacy

Act) and inform them of their right to complain to the Privacy Commissioner about the decision.

Sending personal information to people

If people want a physical copy of the information, where possible, we will deliver the information to them in person. If we have to courier the information to them, we first verify their address and it must be a signed delivery.

If people want an electronic copy of the information and request it via email, do not enter the person’s email address until the email is ready to send. Slowly and carefully check the email address. If another staff member has been involved in the request, and it is possible, have them check the email address as well. Accidentally sending information to the wrong email address is a common, and potentially serious, privacy breach.

Organisations requesting a person’s information

We only share people’s information with other organisations in the following situations:

- The person gives their informed consent to share the information.
- The law requires us to.
- There are significant care and protection concerns for a child.
- We believe the person or others are in significant danger and sharing information could reduce this danger (this could include in a serious emergency and/or disaster).

Timeframes

When a request for information is made, we decide and respond to the request as soon as is reasonably possible and within a maximum of 20 working days. If we cannot decide or provide the information within 20 working days, we inform the person that we need an extension. When we inform the person, we let them know how long we need, the reason for the extension and their right to complain to the Privacy Commissioner about the extension.

Charges

We do not charge people to access their information. We also do not charge people to access others’ information.

The **only** exception is when a person requests the same information in a twelve-month period (and we have already given them the information). We should still only consider charging if that request is likely to take a significant amount of staff time and/or it is a request where the primary purpose is just to take up staff time.

In this situation we may, at our discretion, charge the person a reasonable fee to cover staff time. If this fee will be more than $30, we must provide the person with a quote. The relevant General Manager will determine this, or the National Privacy Officer in the case of National Office requests.

Urgent requests

People can ask for urgent requests for their information. The person must explain why this is an urgent request. If we believe their explanation is reasonable, we will respond to their request as soon as possible.

Transfers

If we think another organisation has the information the person is after, we can transfer the request to the other organisation. Check with the person first and ask what they would like to do. We should do this as soon as possible to ensure the person gets the information without unnecessary delay.

Regular reporting

Local Privacy Officers will submit 6-monthly reports for their region to the National Privacy Officer. This will include:

- privacy breaches (from the Privacy Breach Register), and
- requests to receive personal information (from the Personal Information Request Register).

The National Privacy Officer will submit these reports to the National Leadership Team for review and discussion.

Corrections

People can ask us to correct the information we hold about them.

Simple corrections

If the request is undisputed by us and is about administrative details, such as contact details, or is about a simple inaccuracy, such as us recording the wrong date for a meeting, we change the information. Coordinators and/or administrators can make simple corrections. Simple corrections do not require the input of a Privacy Officer.

Complex corrections

If the proposed correction would significantly change the person's records, it is a complex correction. For example, a person may dispute what they or someone else said in a meeting. Another example would be the person disputing how an event noted in their record happened. A Privacy Officer needs to assess complex correction requests. The Privacy Officer will assess the available evidence for both the records as they are and the requested correction. The Privacy Officer will determine which version is likely to be more accurate. If the Privacy Officer agrees that the requested changes are more accurate, we change the information.

If the Privacy Officer disagrees that the requested changes are more accurate, we do not make the changes and we tell the person. We explain why we believe the existing record is more accurate. We let the person know that they have the right to request an appeal, complain to the Privacy Commissioner, and attach a "statement of correction requested, but not made" to their information. A "statement of correction requested, but not made" can be drafted by the person or, if requested by the person, we can draft it.

Complex corrections follow the same process, including timeframes, as a standard request for information.

Appeals with information requests and corrections

If we decline to provide information or make a correction, we must tell the person about their right to appeal our decision. The person may request an internal appeal or go to the Privacy Commissioner.

With internal appeals, we select reviewers who were not involved in the original decision and have no, or as few as possible, conflicts of interest. This will generally mean selecting reviewers from another region or National Office. The reviewers must consist of a Privacy Officer and a designated person for privacy complaints. The review will be completed within 20 working days and the person advised of the outcome in writing.

If the original decision stands, we will tell the person about their right to go to the Privacy Commissioner. A person may make a privacy complaint about the process the appeal followed but cannot generally request another internal appeal on the same decision. The only exception would be where we agree there was a problem with the process, including the selection of reviewers.

Appeals with privacy complaints

When telling a person about the outcome of a privacy complaint, we must tell the person about their right to appeal. The person may request an internal appeal or go to the Privacy Commissioner.

With internal appeals, the process below will be followed. If the original person managing the complaint was a General Manager or the person appointed by National Office, the Chief Executive will investigate. If the original person managing the complaint was the Chief Executive and/or the complaint is about the Chief Executive, the National Board Chair will investigate.

The appeal will be completed within 20 working days and the person advised of the outcome. The person will be advised of their right to go to the Privacy Commissioner. The person may make a complaint about the process the appeal followed. In this case, the National Privacy Officer will investigate.

Impact of not using this policy

If this policy is not followed, we could:

- breach someone's privacy and/or their rights as a consumer
- put a person at risk of serious harm or negatively impact their wellbeing
- break the law
- face disciplinary action under Human Resources policies
- face complaints to the Privacy Commissioner.

Any questions about this policy

For any questions about this policy, contact your local Privacy Officer or the National Privacy Officer.

For any feedback on this policy, contact a member of the National Service Policy Team.

Related documents

- Template 1 Consent for Services and Sharing Information (includes Your Information)
- Template 1a Easy-Read Consent for Services and Sharing Information (also in PDF)
- Template 1b Large Print Consent for Services and Sharing Information (includes Your Information)
- Template 2 Your Information
- Template 2a Easy-Read Your Information (also in PDF)

- Template 10 Information Not to Be Shared
- Template 14 Request to Receive Personal Information
- National Service Policies Manual
    - 1.1 Human Rights
    - 2.1 Informed Consent
    - 3.1 Complaints
- Human Resources Policies Handbook
    - 4.3 Privacy and Access to Information
- Health and Safety Manual
    - 4 Privacy of Personal Information
- National Service Pathway
    - 10.4 People's information

Related resources

- Code of Health and Disability Services Consumers' Rights
- Information about the Health Information Privacy Code 2020 can be accessed here.
- The Privacy Commissioner has produced guidance on keeping information safe when we are out providing community-based services.
- The Privacy Commissioner has produced guidance on sharing information regarding child welfare and family violence.
- The Ministry of Health has also produced guidance on sharing information for health professionals relating to the Oranga Tamariki Act. Although this is a 2019 resource, the Ministry has confirmed there is no material change in the Privacy Act 2020 that affects this.

Policy Owner

Role: National Privacy Officer

Approved date: 29 September 2021

2.3 Beginning Support (No longer used)

2.4 Accessible information and communication

NZ Disability Strategy – Objectives 3, 5, 7 and 10

UN Convention – Articles 9, 19, 26 and 31

Statement

We meet people’s access needs around information and communication. We will also use people’s preferred language, wherever possible.

People have the right to receive information in a way that works for them.

Actions

- We ask people what their preferred language and ways of communicating are. This includes any access needs.
- We will make every effort to meet people’s access needs and to communicate using the person’s preferred language.
- We work to continuously improve our ability to meet people’s access needs and preferred language.
- We are aware of common access needs around information and proactively offer people options for receiving information.
- We regularly follow-up with people to ensure they understand the information we give them. We check that their access needs are being met and whether those needs have changed. We give people the opportunity to ask questions.
- We avoid the use of jargon, acronyms, and technical information, unless the person prefers we use these.

Working with interpreters

- Where possible, we will use professional interpreter services, rather than informal interpreters, such as family members or friends. This is unless the person wants an informal interpreter.
- We will book interpreters as early as possible to ensure availability.
- When we use an interpreter, we focus on the person we are communicating with, not the interpreter. The interpreter is just there to relay information.
- We will use remote interpreters, if we cannot use an in-person interpreter or if the person prefers it, such as the New Zealand Relay Service or the Office of Ethnic Communities' Language Line.

Some common information access needs include:

- Information in plain language and/or Easy Read.
- Information received in advance and adequate time given to ask questions.
- Language (including New Zealand Sign Language) interpretation and translation
- Information in formats that work for people with visual impairments, such as large print, high contrast and Braille.
- Information in more accessible electronic formats, such as word and html documents, rather than scanned PDFs.

2.5 Money Handling and financial independence

NZS 8158:2012, Standard 1.7, 1.8
NZS 8134.1.1:2008 Standard 1.7
Protection of Personal and Property Rights Act 1988
Convention on the Rights of Persons with Disabilities – Article 12

Statement

Article 12 of the Convention on the Rights of Persons with Disabilities says that disabled people must have the same rights as non-disabled people to control their own financial affairs. We uphold these rights in our work.

People may need assistance with money handling. It is vital, if this happens, that people's rights and dignity are protected by robust safeguards. Staff members and carers also need to be protected from allegations.

In some cases people may have their ability to manage property removed by the Courts. In these situations, we work to ensure a supported decision-making approach is taken, as much as possible, and that the property manager(s) act according to the person's will and preferences, not just their best interests. We also support the person to take the maximum role possible in making decisions about their property.

If we are involved in the process of choosing a property manager, for example for people using Contract Board, we will push for the most qualified and independent candidate to be chosen. In some cases this may be an organisation like the Public Trust.

Definitions:

An authorised signatory is where a person is granted the ability to access and use someone else's account.

A property manager is a person granted the ability to make decisions for someone about their property under the Protection of Personal and Property Rights Act (this can be limited to decision-making power only over some of a person's property).

An agent (Work and Income) is someone chosen by a person to handle their dealings with Work and Income.

A carer is someone who is paid to provide accommodation and to support a person they live with (in an arrangement overseen by CCS Disability Action). Examples include Contract Board carers, Oranga Tamariki foster carers, and carers under Ministry of Health shared care.

Financial abuse is where someone steals a person's money or property, fails to repay money the person has lent them, or forces the person to give them money or sells the person's property for their benefit.

Money is anything that is generally accepted as payment for goods and services. This includes:

- Cash.
- Cheques.
- EFTPOS, debit and credit cards (and the PIN numbers for these cards).
- Online and phone banking details, such as user names, customer numbers, and account numbers.
- Bitcoin (and similar currencies) and foreign currencies.
- Discount and memberships cards with financial benefits (such as Airpoints or Flybuys cards/accounts).

Money handling is assistance to help someone access and use their money. This must be assistance only at the direction of the person (or a property manager). If a decision-making role is involved, it is not just money handling.

Property is anything the person owns, including money.

Key actions

- Staff members and carers (as well as anyone in the carers' family or household) must not be a property manager for a person we support.
- Carers must not be signatories on the bank accounts of people they support.
- Staff members and carers must not handle money (in any form) that belongs to people we support without prior approval from their line manager. A money handling agreement will be completed first with the person, their property manager, (if any) and their legal guardian (if any) before any money handling begins.
- All money handling assistance will be recorded and evidence given to person's coordinator (through a form if cash or by giving receipts if a purchase), see below for more information.
- All requests for assistance with money handling will be recorded in the person's plan.

Documentation

When we provide assistance with money handling, we document all transactions we assisted with. Transactions include purchases, withdrawals (from ATMs or from the bank), transfers between bank accounts, the giving of money to the person, and the taking of money from the person. The documentation will cover:

- Date of transaction
- Dollar amount of the transaction
- Money given (where cash is involved)
- Signature of the person being supported (if possible)
- Signature of the staff member (or carer)

The staff member or carer will give all receipts (this includes receipts when withdrawing money from ATM machines) and money handling forms (if cash) to the person's coordinator at least fortnightly. The coordinator will keep this record of all money handling assistance. It is vital all receipts are kept. Staff members and carers must be frequently reminded to keep all receipts and to use the money handling form when giving the person cash (and to be very careful how they store that evidence).

Detecting and responding to abuse and suspicious activity

The coordinator will inspect the money handling documentation, at least, monthly and any inconsistencies or suspicious activity will be immediately followed up with the person, their property manager (if any), their legal guardian (if any), and the staff member or carer involved.

Suspicious activity could include:

- Purchases for items, or activities, the person does not appear interested in or could not reasonably want or use.
- Purchases or cash withdrawals in areas the person does not usually go and/or at times the person is not usually in those areas.
- Money given to, or purchases made for, friends or family of the staff member or carer.
- Lost or modified receipts.
- Inconsistencies between the ATM or bank withdrawal receipts and the receipts for purchases and/or money handling forms.

The General Manager and the National Manager Contracts, Quality and Service Leadership must be notified if any suspected abuse or inappropriate activity is detected. If misconduct has occurred refer to our HR policy. We must contact the Police if there is evidence of criminal offending.

For people in Contract Board or Oranga Tamariki Foster Care, their financial documentation can be audited by a suitable member of the Local Executive Committee or Local Committee, such as an accountant. This member must be made aware of the importance of confidentiality.

Financial agreements

Our staff and carers will not enter into any financial agreement or arrangement with a person they are supporting under any circumstances. This includes but is not restricted to:

- Lending money to the person.
- Going into business with the person.
- Borrowing money from the person (or requesting to borrow money).
- Accept any gift of substantial value (see our gifts policy in the HR Handbook).
- Selling an item to the person
- Buying an item from the person.
- Trading an item with the person.

The reason is, even with the best of intentions, there may be a power imbalance between the person and the staff member. The person may feel pressured to accept an unfair trade and this could be financial abuse.

Staff Advisers – Adult Wellbeing and financial literacy

Each region has a Staff Advisor – Adult Wellbeing to advise on how to keep people safe from financial abuse and how to improve people’s financial literacy.

We work with people to improve their financial literacy, even if they are under a property management order. The more a person understands about money and finances, the safer and more empowered they are likely to be. Encourage and support people to attend courses on financial literacy and to seek independent advice. Always support the person to take the maximum possible role in deciding how their money is used.

Signatory on a person account

With Contract Board, if there needs to be a signatory on a person's bank account, we will recommend this is a suitable natural support (such as a family member or friend). If all suitable options have been exhausted, a coordinator or manager can become a signatory. This is a sizable responsibility and should not be entered into lightly. The Local Executive Committee must be notified at their next meeting as well as the General Manager and the National Manager Contracts, Quality and Service Leadership. All actions as a signatory must be recorded.

Agent (Work and Income)

A Work and Income agent can effectively have a lot of power over a person's finances, including over what bank account the person's income support is paid into. Any situation where a staff member or carer is a person's agent should be closely monitored by the person's line manager (or coordinator for a carer). All actions as the person's agent must be recorded in the person's notes.

2.6 Rural Access (no longer used – see 1.12 Person-Directed Support)

2.7 Completing Support (no longer used)

2.8 When a Person Dies

Convention on the Rights of Persons with Disabilities – Articles 3, 22 and 30

Te Tiriti o Waitangi – Articles 2, 3 and 4

New Zealand Disability Strategy 2016-2026 – Outcomes 3 and 7

Scope: Who this is for

This policy applies to all staff, contractors and volunteers.

Statement: Why it matters

“Ka tū tonu koe i roto i te aroha.” (Remain standing in love.)

At CCS Disability Action, we understand that death is a natural but hard part of life’s journey. We remain present and available to whānau in this stage of the journey.

Whānau hauā (disabled people)
When a person dies, we respond with respect and aroha for who they were and any plans or wishes they may have had for this time.

The term “**whānau** hauā” also sees and respects the interwoven relationships a disabled person has with their family, whānau and communities. In keeping with this, the way we support a disabled person and their whānau during life is the same way we continue to support family/whānau if the person dies – following their lead and upholding mana.

The whānau lead in this time. They determine any ongoing supports that are needed in the way that works for them. They also set the pace and timing, right through to the transition out of a support relationship with us.

Mātauranga (knowledge)
This is a significant time for the disabled person’s whānau, so we need to come prepared. That way, whānau receive clear, respectful communication and the right support at the right time.

Whanaungatanga (relationships)

It is vital for the person's whānau to be connected with others and call on each other's strengths as needed. This is also true for our staff. A collective response to a person's death ensures that the person's family, our staff and others are all well supported and working together.

Hauora (wellbeing)

We are committed to upholding people's hauora or wellbeing during these times. This results in a safe and supportive time for the person's whānau and also our staff.

Te Tiriti o Waitangi and support when a person dies

CCS Disability Action is committed to putting the rights in Te Tiriti o Waitangi into action in our everyday mahi. When whānau Māori experience the death of a loved one, we uphold mana motuhake, or Māori self-determination (Article 2), equality of outcomes (Article 3) and the protection of Māori customs and spiritual practices (Article 4). For us, this means we always follow the lead of the whānau. It also means training our staff well (including understanding of tangihanga and tikanga; see Appendix 4 Tikanga Guidelines) and actively supporting staff to work alongside whānau during these times (including Pou Ārahi as internal advisors).

What we do

- If a person dies while we are supporting them, or we arrive and the person appears to be dead: We call emergency services (111) immediately for an ambulance. We contact our line manager as soon as possible.
- **Whānau hauā (disabled people)**
    - We see the death of a person we support as a continuation of our mahi supporting the person and their family/whānau.
    - We show respect and aroha for the person who has died, their identity (including culture) and any plans or wishes they may have had for this time.

    - We follow the lead of the family/whānau, right through to a final transition out of a support relationship with us. The whānau choose whether and how we are involved.
    - We maintain clear communication with the person's family/whānau, including the supports and options available to them.
- **Mātauranga (knowledge)**
    - We have clear practices for when a person dies, leading to safe, appropriate and flexible supports (see related documents below).
    - We ensure our staff are trained and well prepared to respond intentionally and flexibly. This includes Manawatanga training and understanding of tangihanga and tikanga in line with Appendix 4 Tikanga Guidelines.
    - We understand our roles when a person dies and the flexibility within this.
    - We always connect with a Pou Ārahi or the National Kaiārahi when the person who has died or whānau are Māori, to provide support and weave the right people in as needed. We also have our Pou Ārahi available to support and advise staff when any person dies.
- **Whanaungatanga (relationships)**
    - We ensure the person's family/whānau are connected and supported as they choose.
    - We work in a collective way, drawing on key relationships and each other's strengths within the branch, across the organisation and in the community. This includes ensuring support for the cultural needs of family/whānau.
- **Hauora (wellbeing)**
    - We prioritise the wellbeing of the person's family/whānau. We understand the supports that are available and communicate them clearly, ensuring they are easy to navigate and safe.
    - We acknowledge our own and each other's wellbeing as staff. Our practices are clearly communicated and easy to use. We work together flexibly and we access support for ourselves as needed.

Impact of not using this policy

- Family/whānau may experience extra burden during what is already a very difficult time.
- Family/whānau may feel alienated or unsupported, including cultural harm.

Any questions about this policy

For any questions about this policy, contact the National Kaiārahi – Māori Development.

For support or advice around the death of a person, contact your regional Pou Ārahi.

For any feedback on this policy, contact a member of the National Service Policy Team.

Related documents

- National Service Policies Manual
    - 1.1 Human/Disability Rights
    - 1.4 Cultural Responsiveness – Whānau Hauā (Disabled Māori)
    - 1.6 Cultural Responsiveness – Pasifika
    - 1.8 Valuing and Working with People's Family, Whānau and Legal Guardians
    - 1.10 Advocacy
    - 1.11 Working Respectfully in a Person's Home
    - 1.12 Person-Directed Support
    - 2.2 People's Privacy and Confidentiality
    - Appendix 4 Tikanga Guidelines
- National Service Pathway
    - 7.2 Incidents and concerns
    - 9.4 Unexpected completion of support
- Health and Safety Manual
    - 13 Incident Reporting and Investigation

- Human Resources Policies
    - 4.22 Wellbeing
    - 5.5 Bereavement Leave
    - 5.6 Special Leave

Related resources

- A short video about this policy
- Our library has a list of resources to support your work when a person dies.

Policy owner/s

Role: National Kaiārahi – Māori Development

Approved date: 5 July 2023

2.9 Enablers and Restraint Minimisation

UN Convention – Articles 3, 14, 15, 16, and 17
(NZS 8134.2:2008)

Statement

We support the right of people to be free from exploitation, abuse, force, and degrading and inhumane treatment.

We support the rights of all people to be free from involuntary restraint, physical interference and confinement. We support people in a way that maintains their safety and dignity and those around them.

When supporting people, we will only use involuntary restraint as an absolute last resort to protect the person or people around them from serious harm or if we are required to by law. If we have to use restraint, we will use the least restrictive and invasive option.

All uses of restraint will comply with our Restraint Minimisation policy and the Health and Disability (Restraint Minimisation and Safe Practice) Standards, NZS 8134:2:2008.

What are restraints?

Restraints are any equipment or staff actions that limit a person's normal freedom of movement. There are two different types of restraints; enablers and involuntary restraints.

The key difference between enablers and involuntary restraints is that enablers are used voluntarily by the person.

NZS 8134.0:2008 defines restraint as:
"The use of any intervention by a service provider that limits the person's normal freedom of movement."

See the Appendix 10 Restraint Guidelines for a list of the categories of restraints.

Chemical restraint

Chemical restraint is where medication is solely used to restrict someone's movements or make them more compliant. This is instead of medication being used for a therapeutic purpose (to treat a health, mental health or impairment-related condition). Sedating someone solely for the convenience of staff or because there is a lack of staff to supervise the person is chemical restraint.

We do not use chemical restraint. Chemical restraint is a breach of the Health and Disability Services (General) Standard and can be illegal. We also keep an eye out for individuals and organisations using chemical restraint. If you suspect someone is being chemically restrained, contact your coordinator. If they agree, they will follow-up with the individual and organisations involved, including any relevant health professionals.

Enablers

Enablers are equipment that limits a person's movements, but are used voluntarily and helps the person be more independent and/or improve their comfort and safety.

A wheelchair is a good example of an enabler. Wheelchairs limit a person's movements, particularly if they have a lap-belt. At the same time, they can help someone be more independent. If a wheelchair is not used voluntarily, however, it is an involuntary restraint.

NZS 8134.0:2008 defines enablers as:
"Equipment, devices or furniture, voluntarily used by a person following appropriate assessment that limits normal freedom of movement, with the intent of promoting independence, comfort and/or safety."

Actions

When using enablers we will:

- Ensure enablers are not used to limit the actions/behaviours of people we support and that use of them is voluntary.
- Define and describe the types of enablers used.
- Support the person to use their enabler(s) as required.
- Provide staff training and education, when needed on a case by case basis, so that any enablers are used in safe and controlled manner, maintaining the person's safety and staff safety at all times.
- Document the application and use of enablers in the person's support plan if relevant.

Homemade enablers

Sometimes people may make enablers themselves. We only use homemade enablers if the person can give their informed consent directly, the use of the enabler is safe for staff and the person and staff are comfortable using them. If you have any concerns about a homemade enabler talk to your coordinator. If someone cannot give their consent directly, we only use devices approved by a health professional.

Involuntary restraint

Involuntary restraints are equipment or staff action that restrict a person's movement and are not used voluntarily by the person.

We only use involuntary restraint as an absolute last resort to protect the person or people around them from serious harm or if we are required to by law.

Actions

Regions that use involuntary restraints will maintain a process for determining approval of all types of involuntary restraint used, involuntary restraint processes, duration of involuntary restraint, and on-going education on involuntary restraint use. These regions will also identify staff members responsible for the involuntary restraint process and approval procedures. There will be clear lines of accountability for restraint use. See NZS 8134.2.2:2008 Standard 2.1 and G 2.1.1 for more detail about requirements and suggested practice.

Regions that use involuntary restraints will also conduct comprehensive reviews regularly of all involuntary restraint practices. See NZS 8134.2.2:2008 Standard 2.5.1 for what is required from the review processes.

We will:

- Continually work to reduce and minimise the use of involuntary restraint.
- Use involuntary restraint only as a last resort.
- Comply with all required approval processes
- Ensure any involuntary restraint used is done safely, with the least amount of force and for the shortest time possible.
- Document all instances of involuntary restraints in sufficient detail. See NZS 8134.2.2:2008 Standard 2.3.4 for what is required.
- **NOT** use restraints for staff convenience or as an alternative to adequate supervision
- **NOT** use chemical restraints at all.

- **NOT** use restraints to punish people. We will **NOT** use unpleasant (physical or non-physical) techniques to change behaviour, including force, violence, confinement, including exclusionary time out, deprivation of food, clothing and/or light, neglect, confiscation, restrictions, verbal abuse, teasing, pushing, taunting. All of these techniques breach Human Rights.
- Actively promote alternative techniques to involuntary restraint, such as de-escalation processes. As part of the personal planning process, identify and document alternative interventions to restraint for each person, to ensure that persons safety.

Guidelines

Refer to Appendix 10 Restraint Minimisation Guidelines for information and guidance on restraints, enablers, manual handling and challenging behaviour.

There is also a template consent form for enablers available in the appendices.

2.10 Medication

NZS 8158:2012, 4.6
NZS 8134.1.3:2008, 3.12

Statement

If we support someone with their medication, we must do so safely and with respect for the person's rights and autonomy. This policy covers all types of medication, including both prescription and over the counter medicines.

We must base any medication support on a clear plan and there must be a medicines management system in place. Our medicines management system consists of:

- this policy;
- training for people administering medication;
- competency assessments of people administering medication;
- documentation and record keeping, including in the person's plan; and
- oversight from line managers of people administering medication.

Our medicine management system focuses on ensuring the person's safety, dignity, and rights. We work in partnership with the person, health professionals and the prescriber. Our role is limited to supporting people to take their medication based on a clear medication plan and supporting documents.

Our preferred option is for people to self-administer (take by themselves) their medication. This gives them more control and responsibility over their lives.

We can only administer (give) medication. We **cannot** provide diagnosis, assessment, prescription advice, monitoring or recommendations for treatment. These are all outside our scope of practice/role. A scope of practice is legal permission to perform certain tasks. If people ask us for advice about their medication, we must refer them to their doctor or prescribing professionals.

Coordinators/line managers must formally assess staff members as competent before they help someone take their medication. Competent means that the staff member:

- Understands and follows this policy.
- Accurately documents any medication assistance.
- Carries out the correct checks when administering medication.
- Respects the person’s values and beliefs when administering medication
- Upholds the person’s rights, including the right to decline medication, when administering medication.
- Understands and stays within their role and scope of practice.
- Understands the role of health professionals with medication.
- Understands how to respond to medication errors and adverse events.
- Feels comfortable and confident about administering medication.

Definitions

The following definitions are from the Medicines Management Guide for Community Residential and Facility-based Respite Services:

1. Medications are substances used to treat medical conditions.
2. Medicine is a substance or combination of substances that fits into one of the following categories:
    - It is presented as having properties for treating or preventing a disease, ailment, defect or injury in human beings.
    - It may be used in human beings in order to make a medical diagnosis or to restore, correct, maintain or modify physiological functions.

- It is declared to be a medicine by a regulatory authority in New Zealand.

Note these definitions can cover herbal supplements, natural remedies, and/or vitamins, if they meet a criteria above. If we are giving a person we support any substance for a medical/health reason, it must be treated as a medication.

Actions

Self-administering

If people self-administer their medication, talk to them about what, if any, support they want. Self-administer means the person takes the medication themselves. We do not assess people’s ability to self-administer.

We should guide people self-administering to find out how to take medication from their doctor or prescribing professionals, such as a pharmacist.

Blister packs

Wherever possible, we ask pharmacies to package medication in blister packs or other compliance packs. These packs reduce the chance of medication errors.

Informed consent and supported decision-making

We respect people’s right to choose. We only provide support when asked to by the person, or an individual who is legally entitled to consent on their behalf. Consent for support with medication should be obtained from the person through the “Consent to give medication form”.

If the person is legally unable to consent, we will support them to be as involved in medication decisions as possible. We also encourage the person consenting on their behalf to listen to the person they are consenting for.

People, or others who are legally entitled to consent on their behalf, have the right to withdraw their consent to medication support at any stage. See our 2.1 Informed Consent Policy for more information about informed consent. Our Informed Consent Policy also has information about who may legally consent for another person.

We respect people's right to refuse medication.

We do not deviate from the medication instructions. If the person asks us to deviate from the instructions on the medication, we tell them to contact their prescriber to ask about getting the instructions changed. This is for the person's safety and the safety of staff members.

Chemical restraint

Chemical restraint is where medication is solely used to restrict someone's movements or make them more compliant. We do not use chemical restraint. We also keep an eye out for individuals and organisations using chemical restraint. See our 2.9 Enablers and Restraint Minimisation Policy for more information.

Administering medication

Staff members administering (giving) medication must follow the 5 Rights. These are:

5 Rights = Right medication, right person, right route (way the medicine is taken), right dose, right time.

When possible, get the person to check the medication themselves before it is given. Always wash hands before handling medication.

PRN (take as required) medication

PRN medication is medication that is taken as needed. All the same rights, checks and documentation requirements apply to PRN medication, except for the right time. Instead of being given at pre-planned times, these medicines are given when the person receiving support indicates they want them and/or according to person’s medication plan.

Some common PRN medications are:

- laxatives;
- pain medication;
- antipsychotic medication; and
- anti-nausea medication.

The use of PRN medicines must still be planned and recorded. PRN medication should not be used regularly. If it is being used regularly, it should be managed as standard medication.

If you are concerned about how often, or regularly, PRN medication is being used, talk to your line manager. The line manager will follow up, if needed, with the person receiving support and the relevant health professional(s).

Ensure all PRN medicines are only used when required and according to directions.

Action-plan medication and medication in response to an emergency

PRN medication may be needed in response to a medical event or emergency. For example, a seizure that lasts beyond a certain time, an allergic reaction, or an asthma attack. If this type of medication support is provided, it is vital that there is a clear action-plan for the medication that is known to all staff members who work directly with the person. The plan must clearly state under what circumstances staff members are to give the medication. The action-plan must be in the person’s My/Our plan.

Staff members need to be well trained in the use of the action-plan medication. This includes any back-up or reliever staff members that may need to support the person. It is vital that any staff member who is left alone with the person knows how to administer the medication safely.

If a staff member carries the medication, there needs to be a handover process at the end of their time with the person. When a staff member is given the medication it needs to be recorded as well as when they hand the medication back or to another staff member. If the person carries the medication, staff members who work directly with the person need to know where the medication is.

Documentation

All medication support must be planned and recorded. This plan must be developed with the person receiving support and their coordinator/line manager. It may also include the person’s family and/or support workers, if appropriate.

The plan will state who is responsible for the storage, disposal and issue of medication. We will only give support with taking medication as indicated under the plan.

The plan will also note the relevant health professional(s) who must be advised of any medication errors, adverse events and/or reactions. The health professional(s) will be responsible for managing medication errors and adverse events.

If you notice any difference between the medication the person has and the person’s medication plan contact your coordinator/line manager. Do not administer the medication. Your coordinator/line manager will contact the prescriber.

Any medication errors or adverse events must be recorded on an Incident Reporting Form.

Controlled drugs

Medication that is classed as a controlled drug under the Misuse of Drugs Act has extra storage, reporting and recording requirements. Examples of controlled drugs are opiates, such as morphine and pethidine, and amphetamines.

If we support someone to take a controlled drug, we must provide additional oversight and training to staff members. This training must cover the additional requirements of controlled drugs as well as the specifics of that medication. The person’s medication plan and supporting documentation should clearly state the additional requirements, including around storage, reporting, and record keeping.

Our role in meeting these requirements will depend on the level of medication support we are providing. It must be clear, however, who is responsible for ensuring the additional requirements are met. This may require us to coordinate with other people in the person’s life and/or other organisations. It is vital that the extra requirements are followed to keep the person and our staff members safe.

If you have any concerns about the effect of a controlled drug on the person, you must contact your coordinator. The coordinator will follow-up with the person and any relevant health professionals. You should also contact your coordinator if they have any concerns about the person or others misusing the controlled drug. The coordinator will follow-up with the Police, if required.

Instruction on how to take medication

All instructions for administering medication must come directly from information provided by the prescriber. Do not copy this information as mistakes may occur during the copying.

If the instructions are unclear or give a range, we talk to prescribers about getting clearer instructions. We only administer medication if the instructions are clear enough for our staff to able to administer the medication safely.

Storage

Medication must be stored safely as determined by the person we support and the instructions on the packaging. If the person requests it, the staff member may help ensure the medication is stored safely.

Spilt or dropped medication

- Never administer dropped or spilt medication, do not put it back in the container.
- Return dropped medication to the pharmacy for disposal.
- Wipe up any spilt liquid with a disposable cloth, and dispose of the cloth in an outside bin.
- Administer the correct dose from the remaining medication if possible.
- Arrange for the dropped or spilt medication to be replaced.
- Complete an Incident Reporting Form.

Medication not required/disposal

If we need to dispose of medication, return medication to the pharmacy.

Never dispose of medication by putting it in the rubbish or flushing it down the toilet.

Medication should be returned if:

1. it is expired; or
2. the course of treatment is finished; or
3. the medication is no longer needed; or
4. the medication is unlabelled or the labelling is wrong/unclear.

If we return medication, keep a record of the return to the pharmacy (including the reason it was returned).

Review of Medication

The person who prescribed the medication should review the person's medication at least annually. If the person requests it, staff members can provide input into this process. We must remain aware of our limited scope of practice during these reviews.

Monitoring

Coordinators/line managers need to monitor support workers who provide medication support. They need to check the documentation to make sure support is being provided according to the plan.

Training/competency

Appropriate training, competency assessment and guidance needs to be given to support workers who give medication support and to their coordinators/line managers. The training will include what the medication is for and possible side effects. The competency of staff involved needs to be assessed and recorded on an annual basis.

Medication errors and adverse events

> **If at any time, you suspect the person is in danger call 111 immediately. Do not hesitate.**

Medication errors can occur for a variety of reasons; including administrative errors (something has gone wrong with taking the medicine). Examples of administrative errors include the person taking the wrong medicine, the wrong dose, the wrong route (means of taking the medicine) or taking medicine at the wrong time. We are not qualified[1] to manage any adverse effects resulting

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[1] Some staff may hold relevant qualifications; however, unless they are employed in that capacity, it is not in their scope of practice to manage adverse events.

from a medication error. Our role is limited to calling emergency services, if needed, and reporting the error.

If an administrative error occurs, notify the person immediately. If you suspect the person is in danger call emergency services immediately. If the person is not in danger, report the error to your coordinator/line manager.
The coordinator/line manager must ensure the person receiving support or the coordinator/line manager reports the error to the relevant health professional. The coordinator/line manager must also notify all relevant people, such as whānau /family, if the person consents. The coordinator/line manager must record administrative errors on an Incident Reporting Form and put a copy in the person’s file.

There are other types of medication errors, such as errors in packaging or prescribing. Medication can also trigger unexpected reactions, called adverse reactions. Detecting these types of medication errors or adverse reactions is beyond our scope of practice. If you do suspect a medication error of this type, or an adverse reaction, immediately report it to the person and then, if you suspect the person is in danger, call emergency services immediately. If the person is not in danger, report the error to your coordinator/line manager.

The coordinator/line manager will then ensure that it is reported to the relevant health professional(s). Medication errors, adverse events and reactions must be recorded on an Incident Reporting Form and a copy put in the person’s file.

Reviewing/Resolving Medication Errors:
It is important to review and resolve medication errors to minimise the chance of them occurring again. The person and all relevant people, such as whānau/family must be kept informed about the review process.

We can only review/resolve administrative errors ourselves. Other types of errors are outside our scope of practice, but the person may request we are involved in reviews together with relevant health professionals.

The aim of reviews is to create a safe learning environment so that errors are reported and quality improvement may occur.

The staff member involved in the error will be required to:

1. Review the sequence of events with the coordinator/line manager.
2. Identify what went wrong and how this can be addressed to minimise the chance of it happening again.
3. Read the medication policies and procedures.
4. Discuss actual/potential impact of error.
5. Discuss what should have happened and what changes will take place, if any.

If a review of the medication error suggests an issue with medication competency, then relevant support staff should be re-trained in medication management.

Coordinators/line managers must stop a staff member administering medication if they consider the situation unsafe.

If a change to this policy might have reduced the chance of the error occurring, this must be reported to a member of the Service Policy Team (a list of members can be found in the Branch Directory).

More information

The Medicines Management Guide for Community Residential and Facility-based Respite Services (note there is currently no guide for community-based services):

https://www.health.govt.nz/publication/medicines-management-guide-community-residential-and-facility-based-services-disability-mental

Medsafe is part of the Ministry of Health. Medsafe provides information about medication safety:
http://www.medsafe.govt.nz/

The New Zealand Formulary website provides more technical detail about medication:
http://www.nzformulary.org

Templates

There are templates in the Appendices for:

- individual medication plans and consent to give medication
- medication charts
- medication checklist

You can use these templates when planning and documenting medication support.

2.11 Damage to Property When Supporting a Person

Statement

We will take good care of property while we are supporting people. Sometimes when we are working with people property damage occurs. We respond in a way that is fair to the person, our staff, and the organisation.

Property in this policy means any item owned by someone.

This policy only covers non motor vehicle caused property damage. See our Human Resources Policies 4.13 Motor Vehicles for policies on motor vehicles.

We create a flexible, enabling work environment where:

- people choose how to be supported;
- the risk of property damage is minimised, where possible; and
- liability and accident investigation processes are clear and are fair to the person, our staff, and the wider organisation.

When people ask us to, we investigate incidents of property damages involving our staff members. We attempt to find outcomes suitable for all parties.

We generally do not accept liability for accidental property damage when we are carrying out a task the person has asked us to do.

Actions

- If there is a clear risk of property damage when supporting someone, the person's plan should minimise this risk and have an agreed process for handling property damage, developed in consultation with the person and their whānau. This process should be recorded in the person's plan.

- If you are involved in a property damage incident, do not accept liability until a formal investigation has determined who, if anyone, is liable. You can apologise for the accident happening without taking liability. You should not accept liability because it may invalidate our insurance. There could also be other factors that contributed to the damage that you are not aware of.

What to do if a person’s property has been damaged

1. If someone is significantly injured, or in danger, immediately contact emergency services by phoning 111 and, if appropriate, administer first aid. If it is safe to do so, stay with the person till emergency services arrive and tell you that you can go.
2. Record details about what happened and who was involved. Take photos if it is possible, appropriate, and safe to do so.
3. Contact the staff member you report to as soon as possible to tell them about the incident and any injuries or property damage that have occurred.
4. Complete an Incident Reporting Form and talk to your line manager.
5. If needed, the person’s coordinator will talk to other organisations involved (insurers, the Police etc.).

Investigating property damage

1. How in-depth this process is will depend on the monetary value of the damage involved and/or the frequency with which it is occurring. The investigation should be more in-depth if:
   a. the value of the damage is high;
   b. the property damage is occurring frequently; and/or
   c. the person wants a more in-depth investigation.
2. The Service Manager or General Manager will investigate the damage or appoint a staff member who was not involved in the incident and is senior

to the person involved to investigate. The Service Manager will be told of the incident and any recommended actions.

3. The person investigating will assess how responsible we are for the damage and, if possible, how much the damage is worth. If the person investigating believes we are at least partially responsible and the potential compensation is over $500 (this is the minimum excess in our insurance policies), they will contact our National Manager Access and Infrastructure to determine the way forward, including how to approach insurance claims as necessary.
4. If a staff member appears to have some personal responsibility for the property damage, their line manager will follow an appropriate HR process. The staff member might have personal responsibility because they:
    - carried out a task neither the person nor the organisation asked them to do;
    - failed to take reasonable precautions; and/or
    - deliberately damaged the property.

   Which Human Resource process is appropriate will depend on the staff member's actions. For example, deliberate damage is serious misconduct.
5. If there is insufficient evidence to determine responsibility, the organisation can accept partial responsibility, but this is at our discretion.
6. If we need to compensate the person and the amount is above the Service Manager's delegated financial authority, the Service Manager will get approval from the General Manager.

Policy owner/s

Role: National Manager Access and Infrastructure

Approved date: 1 March 2022

2.12 Behaviour Support

UN Convention – Articles 14, 15, 16 and 17

Statement

We support people to participate safely in their communities. This can mean working with a person to develop positive behaviour support strategies. It can also mean providing a person with advocacy support, if they are being treated unfairly or being discriminated against. While a person may need behaviour support to participate safely, communities may also need to change and/or better understand a person. It is important to balance both aspects with behaviour support.

If we need to support a person around behaviour, we develop behaviour support strategies that go into the person's My / Our plan. We involve behaviour support services, if they are available. We advocate for these strategies to be person-directed and age-appropriate. The behaviour support strategies need to enhance the safety and dignity of the person. The strategies also need to respect the person's identity, values, and beliefs. The person needs to feel respected and that they are being treated fairly.

There needs to be clear communication around any behaviour support between our staff members as well as with other people involved in a person's support. Behaviour support needs to be consistent so the person knows, and can direct, how they will be supported.

We recognise that behaviour can be a form of communication when a person's needs are not being met or understood. We always consider the reasons someone may be using behaviour to communicate. This includes their environment and relationships as well as their physical, learning, emotional, and cultural needs.

Actions

Reporting incidents around behaviour

If an incident around behaviour happens, tell your line manager and complete an Incident Report.

Dangerous situations

Only use non-confrontational approaches to defuse dangerous situations. Attempt to calm the person down and/or redirect them to a more appropriate task/topic. Never respond to aggression with aggression. For more information, see Health and Safety Manual 20 Managing Violence in the Community.

If dangerous situations are likely to happen when supporting someone, positive strategies for preventing these situations must be put in the person's My/Our Plan as part of the Safeguarding and Wellbeing Plan. All staff working directly with the person must be aware of these strategies and receive training, if needed.

Preventing incidents

Do not wait until an incident happens. If you have concerns that a behavioural incident may occur, talk to your line manager. If possible, together with the person you support, take steps to prevent any need for behaviour support.

Training

All staff are trained on the basics of behaviour support in this policy. Additional training is provided as needed.

Sharing information about a person's behaviour

We only share information about a person's behaviour if it:

- will improve the quality of the support the person receives; and/or

- is necessary to ensure the person is supported safely, this includes the safety of staff members and other people.

When sharing information about a person's behaviour, do this in as positive a way as possible that emphasises a person's strengths, upholds the person's dignity, and is also a fair and accurate description of the behaviour.

Offer advocacy support if someone is being treated unfairly

If someone is being treated unfairly or discriminated against, offer the person advocacy support, see our Advocacy Policy for more.

Developing behaviour support strategies

While any behaviour support will be individualised to the person, these are the key steps to follow when developing behaviour support strategies. The person's Coordinator or the Service Manager will be CCS Disability Action's lead person in the development of strategies, but they will actively involve other team members, especially those involved in direct support.

1. **Identify the behaviour that challenges you and why**:

If you are concerned about a person's behaviour, first ask yourself why you find the behaviour concerning? Is the behaviour likely to cause the person or others significant issues, particularly harm to the person or others? Is the issue the person's behaviour or how others around the person react to the behaviour? Carefully assess the situation.

2. **Identify the factors that influence the behaviour (why it occurred)**:

A wide variety of reasons can cause people to behave in a way that concerns others. This includes:

- People not having enough choice and control over their lives.
- Unmet physical and health needs.

- Unmet communication, intellectual/learning, emotional, and cultural needs.
- Uncomfortable and unsuitable environments.
- A lack of consistency in approach from people who support them.
- Possible abuse and/or neglect by others.
- A lack of stable and positive relationships.
- People’s disability and human rights not being met.

Consider all the possible reasons for a person’s behaviour. Do not just focus on the person, consider their environment and relationships. Consult with your line manager.

3. **Develop positive, person-directed, and age-appropriate strategies for providing behaviour support**

Work with the person and their whānau, as well as their paid and unpaid support to identify effective and empowering behaviour support strategies. Draw on the expertise of the person and their existing supports.
If available, refer to professional expertise, but do not delay developing strategies if professional expertise is not available in a timely manner.
Where possible, address the underlying reason for the person’s behaviour in the strategies. Also aim to give the person tools and ways to manage their own behaviour.

Behaviour support strategies are recorded in a person’s My/Our Plan as part of the Safeguarding and Wellbeing Plan. All staff working directly with a person should read and sign the person’s My/Our Plan.

4. **Effective communication and implementation**

Make sure behaviour support strategies are communicated to all members of the team that support a person. There needs to be effective two-way communication on how the strategies are going. This means staff members providing direct support must be able to give feedback on how well strategies are working and to suggest changes.

1. **Regularly review and evaluate strategies**

Review and evaluate behaviour support strategies formally with the person during the My / Our Plan reviews. Also be open to informal feedback at any stage from the person, their whānau, and those providing support. The CCS Disability Action team, with input from the person and their whānau, should be constantly looking for ways to improve the behaviour support strategies we use. We should also be alert for changes that may require us to alter these strategies.

Related policies

National Service Policies Manual

1.1 Human/Disability Rights
1.10 Advocacy
1.11 Working Respectfully in a Person's Home
2.9 Enablers and Restraint Minimisation
2.11 Damage to Property When Supporting a Person

Health and Safety Manual

9 Risk Management
13 Incident Reporting and Investigation
19 Working Safely in the Community
20 Managing Violence in the Community

National Service Pathway

6.4 Safety for the people we support and our staff

2.13 Supported Decision-Making

Convention on the Rights of Persons with Disabilities – Articles 5, 12 and 19
Te Tiriti o Waitangi – Article 2
New Zealand Bill of Rights Act 1990
New Zealand Disability Strategy 2016-2026 – Outcomes 4, 5 and 7
NZS 8134.1.7:2021

Scope: Who this is for

This policy applies to all staff, contractors and volunteers.

Statement: Why it matters

All people have the right to make decisions about their own lives. We sometimes call this idea self-determination or autonomy, and it is a basic part of being a citizen. However, disabled people face discrimination that can stop them from using this right.

The right of all people to make their own decisions equally before the law is laid out in Article 12 of the Convention on the Rights of Persons with Disabilities. Article 12 makes clear that all disabled people can make decisions about their own lives. It also says that disabled people have the right to the support they need to make their own decisions. CCS Disability Action fully agrees with Article 12. The New Zealand government has also agreed to put this into practice.

As a rights-based organisation, CCS Disability Action upholds the right of **all** disabled people/whānau hauā to lead and make the choices about their own lives and supports by using supported decision-making with everyone we support. Our role is to facilitate any supports and ensure the disabled person is always in control.

Supported decision-making respects people and enhances their mana. It leads to strong disabled leadership, the building of relationships and natural supports and the life outcomes a person wants.

What is supported decision-making?

Supported decision-making is where a person makes their **own** decision with support from others.

Support may include:

- support to understand the decision to be made, including exploring options, risks and possible outcomes
- full information, provided in a way the person understands
- enough time to make the decision
- support with communication
- informal or formal support arrangements, e.g. trusted support person/s, peer support, advocacy or self-advocacy support.

It applies to everyone: Everyone needs support with decision-making sometimes. Using a supported decision-making approach with everyone means this support is available when a person wants/needs it. Supported decision-making is for all people:

- any mode/s of communication a person might use
- all ages
- including when people have someone else who can legally make certain decisions on their behalf.

It applies to all decisions: The decisions people make range from straightforward, everyday choices (like what to have for breakfast) and life preferences right through to complex or life-changing decisions (like where to live). A person may choose to make some decisions without any support, but want support when working through other, more complex decisions. Different decisions might also require different support or supporters.

The disabled person makes the decisions: Supported decision-making respects and follows a person's own **rights, will and preferences**. It is **never** about a supporter's interpretation of the person's "best interests". The disabled person has the right to change their mind about any decision. The disabled person can also stop or change a supported decision-making arrangement or relationship at any time.

Te Tiriti o Waitangi and supported decision-making

CCS Disability Action is committed to upholding the rights expressed in Te Tiriti o Waitangi. This commitment means we approach supported decision-making with whānau hauā Māori in a way that respects and upholds a person's mana motuhake (Māori self-determination and the right for Māori to live as Māori; Article Two). We make sure whānau hauā Māori are free to make decisions in Māori ways and on Māori terms, in line with cultural values, practices and tikanga. This includes the ways a person may choose to involve whānau and community in their decision-making processes.

What we do

- **Whānau hauā (disabled people)**
    - We support all disabled people to understand and exercise their right to make their own decisions and their right to supported decision-making.
    - We use a supported decision-making approach with everyone we support at all times, so the right supports are available in the right way at the right time.
    - We pay attention to all communication, including non-verbal communication.
- **Mātauranga (knowledge)**
    - We train all our staff and contractors (e.g. caregivers) in a best practice and self-reflective approach to supported decision-making. This includes what we do when the disabled person or we feel the supported decision-making arrangement is not working for any reason.
    - We respect and uphold people's identity, culture, values and beliefs. Our training and supervision involve cultural competency across diverse cultures. This includes how we apply Te Tiriti o Waitangi and follow tikanga when working with Māori.

  - When a disabled person has someone else who can legally make certain decisions on their behalf, we understand and document the legal rights of that supporter. This informs our approach to supported decision-making with the disabled person; it does not change our commitment to supported decision-making.
  - We keep a clear record of the process and outcomes of supported decision-making.
- **Whanaungatanga (relationships)**
  - We start early, including using supported decision-making from the beginning of our relationship with children and their families/whānau (see also our Shared Decision-Making with Disabled Children and Young People resource).
  - We support families/whānau and other supporters to carry out their support roles well, so the disabled person lives an empowered, self-determined life.
- **Hauora (wellbeing)**
  - We ensure the person’s decisions are recognised and respected.
  - We stand by our staff when they advocate for a person’s rights, will and preference. We ensure staff can facilitate supported decision-making without fear of disciplinary reprisal when they follow best practice, are impartial and act in good faith.
  - We ensure our staff can choose not to be involved in particular decisions if they do not feel comfortable doing so. This may mean connecting the disabled person with another staff member or, when appropriate, another organisation.

Impact of not using this policy

- A person may have their right to self-determination breached.
- A person may experience disempowerment.
- A person may not get to live the life they choose.

Any questions about this policy

For any questions about this policy, contact the National Disability Leadership Coordinator.

For any feedback on this policy, contact a member of the National Service Policy Team.

Related documents

- National Service Policies Manual
    - 1.1 Human/Disability Rights
    - 1.2 Children and Young People's Rights
    - 1.3 Supporting Disabled Leadership
    - 1.7 Child and Young Person Protection
    - 1.8 Valuing and Working with People's Family, Whānau and Legal Guardians
    - 1.9 Recognising and Responding to Adult Abuse and Neglect
    - 1.10 Advocacy
    - 1.12 Person-Directed Support
    - 2.1 Informed Consent
    - 2.2 People's Privacy and Confidentiality
    - 2.4 Accessible Information and Communication
- National Service Pathway
    - 6 Planning with people and whānau
- Human Resources Policies
    - 4.1 Standards of Integrity and Conduct

Related resources

- A short video about this policy
- Our library has a list of supported decision-making resources.

Policy owner/s

Role: National Disability Leadership Coordinator

Approved date: 11 April 2023

3. Quality and Risk Systems

This section provides policies and practices that make sure we are committed to the ongoing review of our services to ensure we are meeting the quality standards our communities expect

3.1 Complaints

Convention on the Rights of Persons with Disabilities – Article 5

Te Tiriti o Waitangi – Articles 1-4

New Zealand Disability Strategy 2016-2026 – Outcomes 4, 7 and 8

NZS 8134.1.8:2021

Code of Health and Disability Services Consumers' Rights – Right 10

Scope: Who this is for

This policy applies to all staff, contractors and volunteers.

It is about complaints people bring to the organisation. This does not include complaints from staff, contractors and volunteers about other staff, contractors and volunteers and/or Human Resources processes (covered by HR Policies) or about our governance (covered by Governance Policies).

Statement: Why it matters

"Mahia te mahi, hei painga mō te iwi." (Do the work for the betterment of the people.)

It matters that disabled people receive the supports they want in the way they want. This upholds the mana of whānau hauā and their right to self-determination. The right to complain about supports or services is an essential part of this.

Complaints play an important and welcome role in the ongoing kōrero/dialogue of a support relationship. They are a valuable tool to ensure that the disabled person is directing and is satisfied with their own supports. Complaints are also an opportunity for CCS Disability Action to keep learning and improving the ways we support disabled people and to strengthen relationships with people we support and whānau.

What is a complaint?

As part of CCS Disability Action's commitment to person-directed support and whanaungatanga (relationships), we already expect, seek and record continual feedback from people we support. That includes what's not currently working well, so we can make ongoing improvements to the way we support people.

For us, a **complaint** is any time a person shares with us that they are **not satisfied** with something about CCS Disability Action or any aspect of our work. This is always a complaint, no matter what language a person might use to describe their dissatisfaction ("concern", "feedback" etc.).

Te Tiriti o Waitangi and complaints

As a rights-based organisation, CCS Disability Action is committed to upholding the rights held in Te Tiriti o Waitangi. Our commitment to partnership with Māori and rangatiratanga/Māori leadership (Articles 1 and 2), equitable access and outcomes (Article 3) and the protection of Māori religious freedom and customs (Article 4) means we ensure Māori can complain to us in a way that is both culturally safe and effective.

This involves prioritising the restoration of a person's tapu, or sacredness as a person, and maintaining Māori customs and spiritual practices that uphold whanaungatanga/relationships. It includes communicating kanohi ki te kanohi, or face to face, when possible, and following tikanga (e.g. beginning with karakia, sharing kai etc. – see also our Tikanga Guidelines). This can require connecting with the appropriate people, such as our internal Pou Ārahi and external supports/resources.

What we do

- When any of us receive a complaint, we follow National Service Pathway 10.1 Complaints.

- **Whānau hauā (disabled people)**
    - As leaders of their own supports, we ensure whānau hauā understand their right to complain, how to complain and how we handle complaints.
    - We support people to make complaints in any way that works for them, including accessibility, raising the complaint to someone they feel comfortable with and the choice to complain via an advocate.
    - We encourage people to submit complaints and any other feedback independently if it works for them, as a direct way to connect with us:
        - via our website feedback form
        - via email: feedback@ccsDisabilityAction.org.nz
    - If anyone who has made a complaint is not satisfied with our decision on the complaint, we ensure they understand their right to ask for an internal or external appeal.
    - We use a reflective practice approach to individual complaints and overall trends, so that we keep improving the ways we support people.
- **Whanaungatanga (relationships)**
    - We work together on growing a culture where we welcome feedback and complaints. National leadership and managers support this.
    - We focus on restoring and strengthening healthy relationships.
    - We make sure appropriate supports are available to people during the handling of their complaint, including external supports and advocacy.
- **Mātauranga (knowledge)**
    - We train all our staff and contractors in complaints, including consumer rights, our responsibilities and how we handle complaints.

  - We follow the Code of Health and Disability Services Consumers' Rights process and timeframes (Right 10) so that we resolve complaints in a fair, simple, prompt and efficient way.
  - We have clear practices and responsibilities for handling complaints in National Service Pathway 10.1 Complaints, including ensuring all complaints are handled and recorded centrally.
  - We follow our Human Resources Policies when a complaint means we need to investigate the conduct of CCS Disability Action staff.
  - We work continuously on improving our approach to complaints and other feedback, following Te Whakapai Ānga – CCS Disability Action Quality Framework.

- **Hauora (wellbeing)**
  - We consistently encourage and welcome all feedback about people's experience with us, including complaints, so that whānau hauā know they are safe to raise issues.
  - We uphold people's mana, giving people and their complaints the respect they deserve and understanding that it can take a lot of distress and courage to reach the point of complaining.
  - We follow a clear process to ensure everyone is safe and well throughout the handling of a complaint. We honour everyone involved and make each stage of the complaint handling clear by recording our acknowledgement of the dissatisfaction, conversations and agreements.
  - We follow our policy 2.2 People's Privacy and Confidentiality.
  - We ensure that the person investigating the complaint (the Investigating Officer) is a member of management and is impartial.

Impact of not using this policy

- A person may have their right to self-determination or their right to complain breached.
- A person may experience being devalued or isolated through an inefficient or unsafe complaints process.
- A person may be harmed and/or have unmet needs due to inadequate supports.

Any questions about this policy

For any questions about this policy, contact the National Quality Coordinator.

For any feedback on this policy, contact a member of the National Service Policy Team.

Related documents

- National Service Policies Manual
    - 1.1 Human/Disability Rights
    - 1.3 Supporting Disabled Leadership
    - 1.8 Working with Whānau
    - 1.10 Advocacy
    - 1.12 Person-Directed Support
    - 2.1 Informed Consent
    - 2.2 People's Privacy and Confidentiality
    - 2.4 Accessible Information and Communication
    - 2.13 Supported Decision-Making
    - Appendix 4 Tikanga Guidelines
- National Service Pathway
    - 5.2 First meeting
    - 10.1 Complaints
- Human Resources Policies
    - 4.18 Concerns and Complaints Process
    - 9 Managing Performance and Disciplinary Process

- Concerns, Complaints and Compliments (brochure)
- Te Whakapai Ānga – CCS Disability Action Quality Framework

Related resources

- A short video about this policy
- Our library has a list of resources about complaints and feedback.

Policy owner/s

Role: National Quality Coordinator

Approved date: 21 February 2024

3.2 Open Disclosure (No longer used)

3.3 National Service Policy Review and Manual Control

Statement

We ensure disabled people/whānau hauā are the primary consideration when creating or revising policy. Policy is our purposeful intention that includes our values, strategic priorities and how we wish to work with the disabled people/whānau hauā we serve.

Our policy work is led by the National Service Policy Coordinator and Service Policy Team in conjunction with individual appointed Policy Owners. Policy Owners are a National Leadership Team member.

The approach to policy is a collaborative one where as many voices as possible are involved; especially disabled people/whānau hauā and staff working in the particular space.

A ‘Policy Advisory Group’ is identified for every new or revised policy. This automatically includes the Service Policy Team, Policy Owner and disabled people/whānau hauā. Staff or external people or community groups that can provide advice, direction and context for the particular policy are also identified. We contact Whaikaha – Ministry of Disabled People for context when required.

Service policy will consider and reflect:

- The needs of the people we support and their whānau
- Best and safe practice for staff
- Our Vision & Strategic Priorities, Te Aronui
- Our Core Documents
- Māori Leadership Framework
- Disability Leadership Framework
- An Enabling Good Lives approach

- Relevant legislation and standards
- Ngā Paerewa Health and Disability Service Standard

We aim to create policy that ensures the people we support get the service they want. We seek to avoid creating any barriers for disabled people/ whānau hauā when we write policy.

Actions

Policies under review

- When an existing service policy is under review, it will be discussed by the appointed Policy Advisory Group. They use the Policy Builder Tool document to guide the conversation.
- The National Service Policy Coordinator creates the first policy draft for the Policy Advisory Group to consider and comment on.
- Comments are responded to in a shared online space so the whole group are involved and can be part of the discussion at any stage.
- If the group are divided on any specific areas of the policy, a decision will be made by the Policy Owner.
- The National Service Policy Coordinator sends a second policy draft to staff by e-mail (to all CCS Disability Action users address group). It is important they have an opportunity to contribute. The National Service Leadership Group are part of this e-mail group.
- All comments and feedback are considered by the Service Policy Team and a final draft is sent to the Policy Owner for approval.
- A two-minute video is created by the Policy Owner introducing the policy to staff.

Strong objections revised or new policies

If there are strong objections to a new or revised policy, the Service Policy Team will review the policy with the Policy Owner. If needed, they will work with the National Service Leadership Group to resolve the concerns or items raised. Alternatively, the Chief Executive may make the decision on the matters raised.

Changes to revised policy or new policies

Substantial changes to policy or new policies will require sign off. The sign off process is as follows:

- Any strong objections raised are considered and resolved.
- All members of the Service Policy Team agree to the changes.
- The Policy Owner approves the policy.

Policy updates and rollout to staff

When policies are revised or new policies added into the Manual, staff are informed by e-mail (sent to all CCS Disability Action users address group).

It is the Regional Leadership Team’s responsibility to ensure an updated policy is rolled out to staff and the practices embedded into the way they work. Regional Leadership Teams decide how to get this updated policy information to staff, in a way that provides:

1. An opportunity for staff to talk through how policy intention is practiced
2. To answer any questions teams may have, so they are clear on how to support people in particular situations.

Editing and proofreading

At any stage the National Service Policy Coordinator can make editing and proofreading changes that do not alter the substance of a policy.

Information about policies

Policies in the Manual should all contain the following information, in the footer:

- Policy number
- Issue, amendment, and review dates.

Reviews

It is intended that all policies are reviewed at least once every three years. Policies may be reviewed more frequently if needed.

Each review is led by the Service Policy Coordinator and the Policy Owner .

A review must assess whether a policy:

- Is still relevant and fit for the purpose
- Reflects:
    - The needs of the people we support and their whānau
    - Best and safe practice for staff
    - Our Vision & Strategic Priorities, Te Aronui
    - Our Core Documents
    - Māori Leadership Framework
    - Disability Leadership Framework
    - An Enabling Good Lives approach
    - Relevant legislation and standards
    - Ngā Paerewa Health and Disability Service Standards
- Is easy to follow and written in plain language.

If a policy is deemed no longer relevant or fit for purpose, it will be sent to the National Leadership Team to decide on whether the policy is removed from the Manual. The reason for removal is also given.

Document control

The following documents are updated for every policy as they are reviewed:

- Manual Policy Review Schedule
- Manual Amendment Summary

References External Documents

- Code of Health and Disability Services Consumers' Rights
- Ngā Paerewa Health and Disability Services Standard NZS 8134:2021
- Health Records NZS 8153:2002
- New Zealand Disability Strategy 2016 -2026
- Te Tiriti o Waitangi
- United Nations Convention on the Rights of Persons with Disabilities (2007)
- United Nations Convention on the Rights of the Child (1990)
- United Nations Declaration on the Rights of Indigenous Peoples (2007)
- United Nations Principles for Older Persons (1991)

Legislation

- Privacy Act 2020
- Health Information Privacy Code 2020
- Health Act 1956
- Health and Safety at Work Act 2015

You can use the New Zealand Legislation website – http://www.legislation.govt.nz/ – to view New Zealand Acts (and amendments), Bills and Regulations. You can also download legislation free of charge.

Organisations

- Aotearoa New Zealand Association of Social Workers
- Careerforce – Community Support Services ITO
- Child Matters (CPS)

- Oranga Tamariki
- Mana Mokopuna – Children and Young People’s Commission
- Health and Disability Commissioner
- Te Kāhui Tika Tangata – Human Rights Commission
- Office for Disability Issues
- Platform
- Privacy Commissioner
- Refugee Council of New Zealand
- Work and Income

Glossary

Aiga

Samoan word for extended family. Every village is composed of several aiga. The larger the aiga the more important it is and more power it can wield in village affairs.

Read more - http://www.teara.govt.nz/en/samoans/3

Circle of support

A circle of support, sometimes called a circle of friends, is a group of people who meet together on a regular basis to help somebody accomplish their personal goals in life. The circle acts as a community around that person (the 'focus person') who, for one reason or another, is unable to achieve what they want in life on their own and decides to ask others for help. A facilitator is often chosen from within the circle to take care of the work required to keep it running. Informal circles do not use the facilitator approach, naturally form around a person, and are usually family and friends.

Citizenship

Citizenship is usually seen in narrow terms. You are a citizen because you were born into a country, or you have immigrated and been granted the legal status of ‘citizen’. As a citizen, you have certain rights, and with those rights go certain responsibilities.

However, for disabled people, relationships matter every bit as much as rights. Citizenship means having rights, but it also means belonging. Belonging in schools and universities, in places of work and places of worship, in politics, art and commerce; belonging in family, community and nation. Our rights as equal citizens, arguably, should get us in the front door. Although once we are inside, our citizen's place of belonging assures us (or ought to) that we will be valued and heard.

Self-determination, participation and contribution all need to be achieved if disabled people are to have ‘equal opportunities’ to be ‘equal citizens’.

Fono

Samoan word for meeting or council.

Governance

Governance plays a central role in setting policy and providing oversight in a nonprofit organisation. It relates to consistent management, cohesive policies, processes and decision-rights for a given area of responsibility. For example, governance might involve strategic planning and financial management but not human resources management.

In CCS Disability Action, governance comes from the Board nationally and LAC/LEC regionally.

Guidelines

A detailed description that tells us the way and reason we need to act and respond. Guidelines provide (examples of) related forms and processes that turn policy into practice.

Hapū

A hapū is a division of a Maori iwi or tribe – often translated as 'subtribe'. Membership is determined by genealogical descent; a hapū is made up of a number of whānau (extended family) groups.

Health Information Privacy Code

The Code sets specific rules for individuals and organisations in the health sector to ensure the protection of individual privacy. The Code addresses the health information collected, used, held and disclosed by health agencies. For the health sector, the Code takes the place of the Privacy Act's information privacy principles.

Hui

A hui is a formal gathering at a marae. Protocols vary between areas of the country and individual marae and, of course, the formality and purpose of the hui can be very different. Hui can include marriage celebration and tangi (funerals) as well as social meetings and meetings determining policy.

Informed consent

Often used in medical settings, informed consent means a person has been given information on treatment proposals or services and on the basis of this, may 'consent' to a discussed plan. The person giving the informed consent for a service, either for themselves or for others (e.g. their young child), must be competent in making the decision, participate voluntarily, have received full information and comprehended it, and have understood the implications of receiving the service.

Informed consent is an integral aspect of service provision. It is also an ethical and legal requirement under the codes of ethics of various professional bodies, the Health and Disability Act and the Code of Health and Disability Services Consumers' Rights – Rights 5, 6 and 7.

Iwi

The word iwi means ‘people’ or ‘folk’; in many contexts, it may mean ‘tribe’ or ‘clan’, and sometimes a larger grouping of tribes.

Karakia

A karakia is a prayer or chant.
Karakia are generally used to ensure a favourable outcome of important undertakings. They are also considered a formal greeting when beginning a ceremony. There are karakia for kumara growing, childbirth, warfare, sickness and death, karakia for daily work, good weather and protection against curses. Every aspect of life is covered.

Kaumatua

Kaumatua are respected tribal elders of either gender in a Maori community who have been involved with their whanau for a number of years. They are appointed by their people who believe the chosen elders have the capacity to teach and guide both current and future generations. Kaumatua have good knowledge of tikanga, history, and Te Reo and their contribution ensures that the mana of the whanau, hapu, and iwi are maintained.

Natural supports

To achieve the lifestyle they prefer people rely on some kind of support system or network. This is where ‘natural supports’ come in. They are a phenomenon of personal and community support that touch many facets of life. Natural supports are the people associated with the setting of the consumer. Individually, or in a group, people use natural supports to sustain relationships based on mutual interests. Natural supports represent “not to do for, but, with people.”

Open disclosure

Often used in medical settings, open disclosure is a frank discussion with a person and their support person about an incident that may have resulted in harm or injury to the person.

In New Zealand, provider organisations have a legal duty to take steps to ensure that open disclosure is practised by staff and supported by management. Right 6 of the Code of Health and Disability Services Consumers' Rights gives all consumers the right to be fully informed (i.e. to receive the information that a reasonable consumer in his or her situation would expect to receive). Consumers have a right to know what has happened to them.

Read more: www.hdc.org.nz - search: Guidance on open disclosure policies

Policy

A framework of action that states our nationally agreed way of doing things that reflects laws, rights and organisation beliefs

Reflective practice

Reflective practice is creating a habit, structure, or routine around examining experience. Individuals and groups can engage in reflective practice around their work. It can be being critically aware of the social context within which people live their lives – and how lives are constrained or encouraged by that context; being curious and analytical about what the behaviours and actions of the people that we are providing a service to or being analytical and ethical about the ways in which we provide services in order to ensure they are of maximum effectiveness.

Read more - http://www.itslifejimbutnotasweknowit.org.uk/files/whatisreflectivepractice.pdf

Self-determination

Self-determination is about making decisions for you. For example, in making the case for people with learning disabilities' rights to citizenship, Simon Duffy states, "Put simply, if you have self-determination then this means you are in charge of your own life. If you do not have self-determination then other people are in charge of you" (Duffy, 2003).

Tangata whenua

Tangata whenua literally means 'people of the land'. In the context of tribal descent and ownership of land, tangata whenua are the people who descend from the first people to settle the land of the district. At a particular marae, the tangata whenua are the owners of the marae, in contrast to the manuhiri or guests. After the welcoming ceremony on a marae, the guests may be given the temporary, honorary status of tangata whenua, and may be invited to participate as locals as the ceremonies continue. In a national context, Māori are the tangata whenua, and in this sense, the term is equivalent to 'indigenous'.

Tapu

Tapu, is about sanctity and respect for people, natural resources and the environment. Tapu is closely linked to the Māori concept of mana (respect/authority) and many view tapu as the mana derived from the gods.

In early Māori society, almost every activity, ceremonial or otherwise, was connected to the maintenance and enhancement of mana and tapu. To maintain the sanctity of tapu, certain behaviours or actions were prohibited. For Māori, many locations have strong spiritual significance and tapu.

Te Tiriti o Waitangi

The Treaty of Waitangi or Te Tiriti o Waitangi was first signed on 6 February 1840, by representatives of the British Crown, and various Māori chiefs from the northern North Island. The Treaty established a British governor in New Zealand, recognised Māori ownership of their lands and other properties, and gave Māori the rights of British subjects. However, the English and Māori language versions of the Treaty differ significantly, and there is no consensus as to exactly what was agreed.

Te Tiriti o Waitangi is one of the three core documents that guide the values of CCS Disability Action and mean that we work within a human rights framework.

Read more – http://www.trc.org.nz/

Tikanga

Tikanga are the customs and traditions that have been handed down through time. Tikanga permeates throughout all aspects of life and sets the codes of conduct for all situations, from interacting with people, to preparing medicine, gathering kai (food), building marae, performing kapa haka and every other aspect of daily life.

Whakapapa

Whakapapa is the Māori word for family genealogy. Sir Apirana Ngata had a similar definition: “Whakapapa is the process of laying one thing upon another. If you visualise the foundation ancestors as the first generation, the next and succeeding ancestors are placed on them in ordered layers,” (Ngata, 1972).

Read more - http://searching4tupuna.blogspot.com/2007/11/31-whakapapa-in-mori-culture.html

Whānau

Whānau today often translates as family, and is often referred to as extended family, but the whānau is wider than the extended family.

Durie (1994), a leading academic in Māori health development, has provided a more complete definition of whānau and its relevance in New Zealand. He defined whānau as a diffuse unit based on common whakapapa (descent from a common ancestor) within which certain responsibilities and obligations are maintained. He asserted that family and whānau are increasingly important as models for collective responsibility and obligations in an environment where individual freedom is paramount.

The traditional use of the word whānau is also explained by Joan Metge, (1995) as a unit that consists of members who had common blood ties (whakapapa) with whom obligations and responsibilities reside and are maintained. In recent times, she suggests that usage has been extended to include non-blood descent groups formed on a basis of common interest (Metge, 1995).